



DYNAMO JRS TRAINING ACADEMY



1st Players Name: _____ Date of Birth: ____/____/____ Age: ____ Boy / Girl

2nd Players Name: _____ Date of Birth: ____/____/____ Age: ____ Boy / Girl

Address: _____ City _____ TX Zip _____

Cell Phone: _____ Cell Phone: _____

Email: _____ @ _____

\$30.00 per session

Please initial each one: _____ NO REFUNDS _____ NO CREDIT FOR MISSED OR SKIPPED SESSIONS

I, the undersigned, release Mcallen Youth Soccer Association, Dynamo Jrs and associated personnel from liability due to injury or losses incurred while at training.

Name of Parent: _____ (please print)

Signature of Parent: _____ Date: ____/____/____

T-Shirt size:
(Please circle one)
YXS YS YM
YL AS

All training will be at De Leon Soccer Fields 29th/Nolana
Players need to bring: Size #3 soccer ball/water/soccer shoes/shin guards

Ages: 3-11 years
Boys and Girls

Session 1: February 3, 10, 17, 24

Session 2: March 3, 17, 24, 31

MONDAYS

Session 3: April 7, 14, 21, 28

Session 4: May 5, 12, 19, 26

6:00-7:00pm

*3 Year olds: We will ONLY take 10 players per session

Office Use only: Session 1:\$ _____ Session 2:\$ _____

Session 3:\$ _____ Session 4:\$ _____

Received payment by: _____ Date: ____/____/____

Method of payment: (circle one)

Cash Check# _____ Visa MasterCard American Express Discover

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