

DYNAMO JRS TRAINING ACADEMY



1 st Players Name:	Date of Birth:// Age: Boy / Girl
2 nd Players Name:	Date of Birth://
Address:Ci	ity TX Zip
Cell Phone:	Cell Phone: \$30.00 per session
Email:@	TIN
Please initial each one:NO REFUNDSN	IO 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. 6:00-7:00pm	
Name of Parent:	
Session 1: Feb 2, 9, 16, 23 Session 3: Apr 6, 13, 20, 27 *3 Year olds: We will ONLY take 12 players	Ages: 3-12 years Boys and Girls Session 2: Mar 2, 16, 23, 30 no training spring break week Session 3: May 4, 11, 18, 20
Office Use only:	
Session 1:\$ Session 2:\$	·
Received payment by:	
Method of payment: (circle one)	
Cash Check# Visa	a MasterCard American Express Discover

MYSA 4311 N. 10TH ST. STE A MCALLEN TX 78504 956-631-0431 Fax 956-631-9514

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