



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: _____ @ _____



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 **Bicentennial Soccer Fields** 2001 Fern Ave
Players need to bring: Size #3 soccer ball/water/soccer shoes/shin guards

Ages: 3-10 years
Boys and Girls

6:00-7:00pm

Session 1: June 4, 6, 11, 13

Session 2: June 18, 20, 25, 27

Session 3: July 9, 11, 16, 18

Each session must have at least 15 pre-registered players in order for the session to proceed.

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

Office Use only:

Session 1:\$ _____ Session 2:\$ _____ Session 3:\$ _____

Received payment by: _____ Date: ___/___/___

Method of payment: (circle one)

Cash Check# _____ Visa MasterCard American Express Discover

MYSAs 4311 N. 10TH ST. STE A MCALLEN TX 78504 956-631-0431 Fax 956-631-9514
www.mysasoccer.com mcallyouthsoccer@hotmail.com