



# DYNAMO JRS TRAINING ACADEMY



1<sup>st</sup> Players Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Boy / Girl

2<sup>nd</sup> 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)

**9:00-10am**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

All training will be at De Leon Soccer Fields 29<sup>th</sup>/Nolana  
Players need to bring: soccer ball & shoes/shin guards/water

**Ages: 3-10 yrs  
Boys and Girls**

**\$30.00 Session 1: June 5-8**

**\$30.00 Session 2: June 19-22**

**\$30.00 Session 3: July 10-13**

**\$30.00 Session 4: July 24-27**

*\*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

**MYSAs 4311 N. 10<sup>TH</sup> ST. STE A MCALLEN TX 78504 956-631-0431 Fax 956-631-9514**  
[www.mysasoccer.com](http://www.mysasoccer.com) [mcallyouthsoccer@hotmail.com](mailto:mcallyouthsoccer@hotmail.com)