

KMYSA's Winter Training Academy 2011-2012

Player's Name _____

Player's Address _____

City _____ **Zip code** _____

Birthdate _____ **Current grade** _____ **Gender** _____

Guardian 1 _____ **phone** _____

Email _____

Guardian 2 _____ **phone** _____

Email _____

Mark one or both: \$45.00 PER session (includes indoor soccer ball)
\$30.00 PER session (does not include ball)

Session 1 (beginner) Sunday's 6-7:30 12/4, 12/11, 12/18, 1/08, 1/15 _____

Session 2 (advanced) Sunday's 6-7:30 1/29, 2/5, 2/12, 2/26, 3/04 _____

This release form must be signed by parent or legal guardian before the registration will be accepted. I the parent/ guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Kasson-Mantorville Youth Soccer Association. Recognizing the possibility of physical injury associated with soccer and in consideration for the KMYSA accepting the registrant for its soccer programs and activities. I hereby release, discharge and/or otherwise indemnify the KMYSA, their employees, and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs.

Parent/Legal Guardian (Please Print)

Signature _____

Date _____

KMYSA USE ONLY BELOW

Date Recv'd: _____ **Cash / Check No.** _____ **Amount** _____