

UNITED SOCCER TRAINING ACADEMY

Winter Training Registration Form

Wednesday Dec. 2, 2009 – March 19, 2010

Circle the day you will attend

Monday, Wednesday, Friday

Name _____ Sex M / F

Address _____

E-mail _____ Age _____

Parent/Guardian Name _____

Player position(s) _____ Phone No _____

As the parent/guardian of the above name child, I hereby give my/our permission for his/her participation in USTA Winter Soccer training. I know of no illness or physical impairment that will prevent him/her from participating. I assume all risks and hazard incidents to such participation, including transportation to and from all soccer related activities. I agree to waive all claims resulting from or in connection with United Soccer Training. Please be aware that all of the players must bring indoors shoes, a soccer ball, shin guards, and a bottle of water

Parent Signature _____ Date _____

For more information please call: Julio Reyes at 573-693-3407 or 973-572-7520 (cell) or email questions to julrey18@hotmail.com or alberto.reyesvaldez@us.army.mil

Fees are payable in two installments. Register before November 10th to get a \$10 discount for one family member or \$20 discount for two family members. **Indoor location is pending.**