

2007/2008 FASTrack Indoor Speed and Skill Sessions Registration

Name

Address

City

State

Zip

Phone (HOME)

(MOBILE)

E-mail

Age

Grade

Field Player

GK

School or Club

PLEASE SELECT THE SERIES AND TIME:

- Series 1** - (Monday) Dec 3, 10, 17 Jan 7, 14, 21, 28 Feb 4
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 2** - (Wednesday) Dec 5, 12, 19 Jan 9, 16, 23, 30 Feb 6
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 3** - (Thursday) Dec 6, 13, 20 Jan 10, 17, 24, 31 Feb 7
 6:00 - 7:00 pm 7:00 - 8:00 pm 8:00 - 9:00 pm
- Series 4** - (Saturday) Dec 8, 15, 22 Jan 12, 19, 26 Feb 2, 9
 8:00 - 9:00 am 9:00 - 10:00am 10:00 - 11:00am
- Series 5** - (Monday) Feb 11, 18, 25 Mar 3, 10, 17, 24, 31
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 6** - (Wednesday) Feb 13, 20, 27 Mar 5, 12, 19, 26 Apr 2
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 7** - (Thursday) Feb 14, 21, 28 Mar 6, 13, 20, 27 Apr 3
 6:00 - 7:00 pm 7:00 - 8:00 pm 8:00 - 9:00 pm
- Series 8** - (Saturday) Feb 16, 23 Mar 1, 8, 15, 22, 29 Apr 5
 8:00 - 9:00 am 9:00 - 10:00am 10:00 - 11:00am

Medical/Liability Waiver: I hereby give consent for my child to participate in the FASTrack Indoor Speed and Skill Session. I assume all risks with regard to my child's participation in these activities. I release indemnify, and agree to hold harmless, FASTrack Soccer LLC, its directors, owners, coaches, trainers, and volunteers from any liability that may result from participation. By my signature, I attest to the following: That the information provided below is correct, and in the event of a medical emergency, I authorize FASTrack Soccer LLC and/or staff to seek medical care for my child as deemed necessary.

Signature of Parent or Guardian:

Date

Camper name

Address

City

State

Zip

Phone

Emergency Phone