

2008 FASTrack Small Group Training Sessions

Name(s)

Address

City

State

Zip

Phone (HOME)

(MOBILE)

E-mail

Age

Grade

Field Player

GK

School or Club

PLEASE SELECT SESSION:

MONDAY'S APRIL 21, 28, MAY 5, 12, 19 JUNE 2
5:30-6:30 PM

MONDAY'S APRIL 21, 28, MAY 5, 12, 19 JUNE 2
6:30-7:30 PM

MONDAY'S APRIL 21, 28, MAY 5, 12, 19 JUNE 2
7:30-8:30 PM

TUESDAY'S APRIL 22, 29, MAY 6, 13, 20, 27
4-5 PM

TUESDAY'S APRIL 22, 29, MAY 6, 13, 20, 27
5-6 PM

THURSDAY'S APRIL 24, MAY 1, 8, 15, 22, 29
4-5 PM

THURSDAY'S APRIL 24, MAY 1, 8, 15, 22, 29
5-6 PM

Medical/Liability Waiver: I hereby give consent for my child to participate in the FASTrack Small Group Training Sessions. 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