



Soccer Academy

December 10, 2016 – January 28, 2017

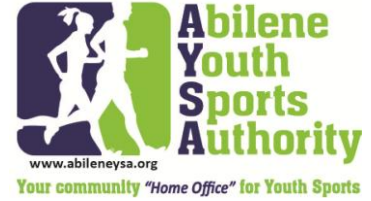
EACH SATURDAY

(Excluding Dec. 26 & Jan 2)

Grades 2 – 4th 2:00-3:30

Grades 5 – 7th 3:30-5:00

D1 Abilene - 4351 Ridgemont Dr.



Submit form to AYSA:

4351 Ridgemont Dr #E Abilene, TX 79606

325.692.2972 Fax 325.695.7840

REGISTRATION FORM

Athlete Name: _____

Athlete Age: _____ DOB: _____

Grade: _____ (**CIRCLE**) Gender: Male / Female

(**CIRCLE**) Shirt Size: YS YM YL AS AM AL

Athlete School: _____

Guardian Name: _____

Street: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Phone: _____

- Pre-Registration: \$70 for 6 week Academy
- Weekly Drop-in: \$20 per week (Does not include T-Shirt)

PARTICIPATION WAIVER:

I ACKNOWLEDGE that the Firm Foundation Academy, like any physical activity includes the potential risks of serious injury and/or property loss, and I assume all risks for my child to participate. I UNDERSTAND that should my child miss any sessions due to any reasons beyond the control of AYSA, including personal sickness, injury, schedule conflict, or other reason, my pre-registration fee will not be refunded. I HEREBY agree to allow my child's photograph, video, multimedia or film likeness to be used for any legitimate purpose by AYSA in the promotion of their organization and programs. I AGREE TO WAIVE, RELEASE and DISCHARGE from any claim in respect of death, disability, injury, property loss or damage as a result of or while my child participates in this program, the organizers, D1, AYSA, AISD, WISD, directors, sponsors, officials, or volunteer helpers, I AGREE TO INDEMNIFY the persons mentioned above immediately for any or all liabilities or claims made against them as a result of my behavior in this program. Said WAIVER, and all contents above to extend to liability for negligence under common or state law.

(Guardian Printed Name)

(Guardian Signature)

Date: _____