

2012 Philly Futsal Winter Academy Select Team



2012 PHILLY FUTSAL ACADEMY SELECT TEAM INFO



WHO: Philly Futsal Academy (PFA)



WHAT: PFA Winter Academy Try-Outs



WHEN: Tuesday, November 29th 2011



WHERE: Competitive Edge Sports, King of Prussia



Philly Futsal Academy Quick Glance:

- 12+ High Level Intensity Futsal Training Sessions (*Mondays*)
- Participation in Friday Night Futsal League (*Begins Jan 6th 2012*)
- Participation in State and/or Regional Futsal Tournaments
- Philly Futsal Uniform & Professional Gear
- Speed & Agility Training & Video Breakdown Analysis & More
- Learn from Current Professional & National Team Players
- Train-Play-Develop in the premier futsal facility in the region!



TRAIN. PLAY. DEVELOP.



2012 Philly Futsal Winter Academy Select Team



ACADEMY SELECT TEAM REGISTRATION FORM (Please Print)

Child Name: _____ Date of Birth: ____/____/____ (Day/Month/Year)

Address: _____
City _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Text: Y / N
Email: _____

Soccer Club / Team _____ Current Age Group: U- _____

2012 PHILLY FUTSAL ACADEMY SELECT TEAM INFO

Select Tryouts \$20 (includes a T-Shirt)
(see try-out schedule on www.phillyfutsal.com)

Academy Select Team \$395
(Full Professional Uniform Kit, T-Shirt, 12 High Level Training Sessions, 8 week Friday League, 1 State and/or Regional Tournament)



Payment Received _____ Date _____ Try-out # _____ Initials _____

PHILLY FUTSAL OFFICIAL USE ONLY

2011-2012 PHILLY FUTSAL WAIVER

I hereby agree to indemnify and hold harmless Competitive Edge Sports KOP, Inc. & Philly Futsal, Maher Brothers Soccer and/or any officers, partners, members, directors, coaches, employees, referee's, servants, agents, licensees and assigns of any of the foregoing, from and against any and all suits, awards, claims, damages, liabilities, costs and expenses (including reasonable attorney fees and related costs) arising out of injury or damages to myself or family members, in connection with my or their participation in any Competitive Edge Sports KOP, Inc. or Philly Futsal program, league, tournament, open play or other activity. I hereby declare my child is fit for physical activity and has been cleared to participate by the family physician.

Player (Print) _____ Parent Signature: _____