



# JR. Academy

## TRAINING INFORMATION

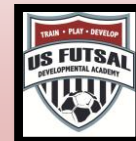
### HOME OF PHILLY FUTSAL

- One Great Location
- State of the Art Facility
- 5 Hardwood Futsal Courts
- 320. S Henderson Rd



### ABOUT PHILLY FUTSAL

- Youth & Adult leagues
- Youth Training Academy
- Professional Staff
- National Sponsors



## PFA JR ACADEMY

**FREE Training**

**Session!**

**DECEMBER 28<sup>th</sup>**



**7:00pm-8:30pm**

(ages 8-15)

## PFA JR ACADEMY

*\*Eight 75 min Sessions*

*\*High Level Futsal training*

*\*T-shirt included*

*\*U9, U10, U11 & U12, U13, & U14*

**SESSION "A" (Wednesdays 7:00-8:15pm):**

Jan 11<sup>th</sup>, Jan 18<sup>th</sup>, Jan 25<sup>th</sup>, Feb 1<sup>st</sup>,  
Feb 8<sup>th</sup>, Feb 15<sup>th</sup>, Feb 22<sup>nd</sup>, Feb 29<sup>th</sup>

**SESSION "B" (Mondays 6:15-7:30pm):**

Jan 16<sup>th</sup>, Jan 23<sup>rd</sup>, Jan 30<sup>th</sup>, Feb 6<sup>th</sup>,  
Feb 13<sup>th</sup>, Feb 20<sup>th</sup>, Feb 27<sup>th</sup>, \*Feb 29<sup>th</sup>

**\$195.00**



## JR ACADEMY TRAINING REGISTRATION FORM

(Please Print)

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text: Y / N

Email: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Soccer Club / Team \_\_\_\_\_ Current Age Group: U- \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

### 2012 PHILLY FUTSAL JR ACADEMY TRAINING INFO

Jr. Academy Session "A" Wednesdays 7pm-8:15pm



Jr. Academy Session "B" Mondays 6:15pm-7:30pm

### 2011-2012 PHILLY FUTSAL WAIVER

**\$195.00**

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 Name (Print) \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**MAIL:** 320 S Henderson Rd, King of Prussia PA 19406

**Email:** [amaher12@gmail.com](mailto:amaher12@gmail.com)

**FAX:** 484-231-8182

SEND BACK ASAP



**TRAIN. PLAY. DEVELOP.**

