



**TEAM AMERICA FC**  
SPRING 2010  
**GOAL KEEPER TRAINING PROGRAMS**  
(U10-U12 AGE GROUPS)  
REGISTRATION FORM  
[www.TeamAmerica96.com](http://www.TeamAmerica96.com)

\_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth [dd/mm/yy] \_\_\_\_\_ Male or Female \_\_\_\_\_

\_\_\_\_\_  
Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Father's Last Name \_\_\_\_\_ Father's First Name \_\_\_\_\_ Home: \_\_\_\_\_ Emergency #: \_\_\_\_\_  
Phone Numbers \_\_\_\_\_

\_\_\_\_\_  
Mother's Last Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_ Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_  
Phone Numbers \_\_\_\_\_

\_\_\_\_\_  
Primary E-mail \_\_\_\_\_ Secondary E-mail \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Wednesday Session**

Length: 10 weeks (Wednesday)

Dates: March 17th to May 26th

Time: 5:30 to 6:30pm

Location: Plum Center (Edsall Park)

No. of Sessions: 10

Cost: \$240.00

*Training is NOT conducted March 31st.*

**Projected Keeper Trainer:** Mario Gomez

**Consent:** As parent or guardian of the child registered hereon, we hereby approve his/her participation in this activity. I/we hereby assume all risks and hazards of such participation, including transport to and from the activity. I/we do hereby waive, release, absolve and agree to indemnify and hold harmless trainers, coaches, TASC, TAFC and Fairfax Sportsplex its directors, officers, supervisors, coaches, trainers, referees, and other participants and persons providing transportation to or from activities for any claim or right arising out of any injury to said child. We agree that the club may contact us by phone or email to keep us informed of club sponsored events, activities, programs and responsibilities. I/we have read the foregoing release and agreement, understood it, and signed it voluntarily. There will be no refunds after the first tournament or league game is played for that season. Refunds are for club registration fees only and are less a processing fee or past fees owed to the club or team.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please make checks payable to Team America. Donations should be made payable to Team America

**Give this form with payment to the program coach or manager or MAIL to:**

**Team America Spring Training**  
7400 Seabrook Lane  
Springfield, VA 22153

Registration not complete until final payment received