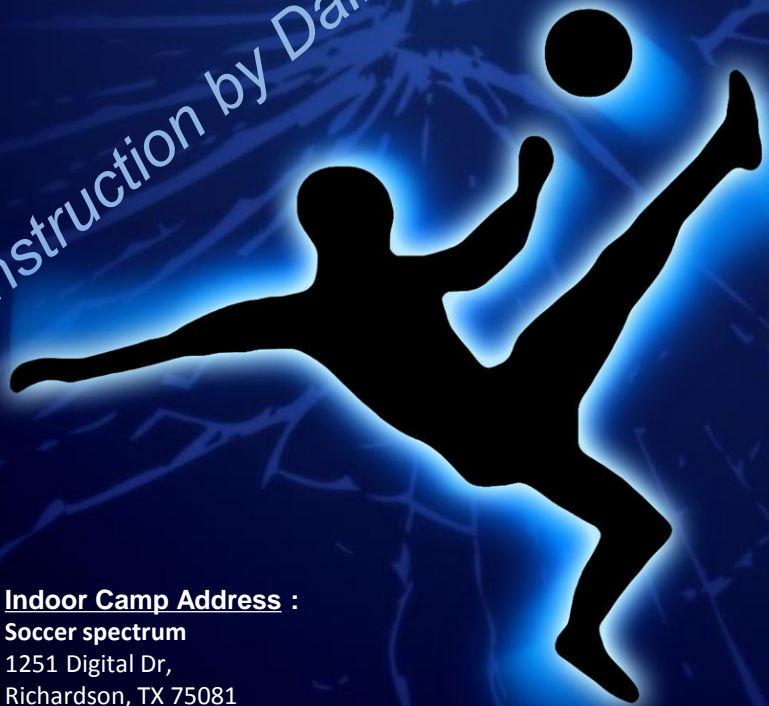


# ***Tune-up For New Soccer Season***

*Instruction by Dallas Sidekicks players*



**When: August 13th – 16th 2018 / Mon. - Thurs.**

**Where : Soccer Spectrum in Richardson**

**Times: 9:00am – 12:00pm**

**Cost: \$150.00 includes fresh fruits snack**

**Program: Control over the ball**

**Striking techniques**

**Speed and agilty**

**Indoor Camp Address :**  
Soccer spectrum  
1251 Digital Dr,  
Richardson, TX 75081

**Register online :**  
**[www.Europeansoccerschool.net](http://www.Europeansoccerschool.net)**

*For more info call 214-597-8418*



Fill out registration form & send check to: **FC Force European Soccer School**  
**PO BOX 1342 • Allen, TX 75013-1342** or Register online at [www.europeansoccerschool.net](http://www.europeansoccerschool.net)

<b>Players First Name</b>	<b>Players Last Name</b>	<b>Date of Birth (Mo/Day/Yr)</b>
<b>Players Address</b>	<b>City, State, Zip</b>	<b>Gender (circle one)</b>
		Male      Female
<b>Mother' s Name</b>	<b>Email Address</b>	<b>Current Team</b>
<b>Home Phone Number</b>	<b>Work Phone Number</b>	<b>Current Coach</b>
<b>Father' s Name</b>	<b>Email Address</b>	<b>Playing Association</b>
<b>Home Phone Number</b>	<b>Work Phone Number</b>	<b>Home Association</b>
<b>Academy Yes or No</b>	<b>Select Camp(s) (circle all that apply)</b>	
	<b>Morning session: Indoor Camp . 9am-12pm (\$150.00)</b>	<b>I'm also interested receiving additional information about Skills Session</b>
<b>Payment \$ amount</b>	<b>Check # or Cash</b>	<b>Shirt Size</b>
		YS    YM    YL    AS    AM

I as Parent/Guardian authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is participating in the FC Force ESS skills sessions/camps. In consideration of the acceptance of my child/ward's entry into the skills sessions, I, my heirs, executors, administrators and personal representatives, hereby discharge, waive and release FC Force, its partners, agents, coaches, employees, officers, managers, and the owners of the facilities from any liability, claims, damages or lawsuits resulting from personal or physical injury to my child/ward. I HAVE READ AND DO UNDERSTAND THE PRECEDING DISCLAIMER AND MEDICAL RELEASE.

I have read and understand the preceding medical release and disclaimer.

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