

2008/2009 FASTrack Indoor Speed and Skill Sessions Registration

Name

Address

City

State

Zip

Phone (HOME)

(MOBILE)

E-mail

Age

Grade

Field Player

GK

School or Club

PLEASE SELECT THE SERIES AND TIME:

- Series 1** - (Monday) Feb 2, 9, 16, 23 March 2, 9, 16, 23
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 2** - (Tuesday) Feb 3, 10, 17, 24 March 3, 10, 17, 24
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 3** - (Wednesday) Feb 4, 11, 18, 25 March 4, 11, 18, 25
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 4** - (Thursday) Feb 5, 12, 19, 26 March 5, 12, 19, 26
 4:30 - 5:30 pm 5:30 - 6:30 pm 6:30 - 7:30 pm 7:30 - 8:30 pm
- Series 5** - (Friday) Feb 6, 13, 20, 27 March 6, 13, 20, 27
 4:30 - 5:30 pm 5:30 - 6:30 pm
- Series 6** - (Saturday) Feb 7, 14, 21, 28 March 7, 14, 21, 28
 12:00 - 1:00 pm 1:00 - 2:00 pm

Medical/Liability Waiver: I hereby give consent for my child to participate in the FASTrack Indoor Speed and Skill Session. I assume all risks with regard to my child's participation in these activities. I release indemnify, and agree to hold harmless, FASTrack Soccer LLC, Parisi Speed School, its directors, owners, coaches, trainers, and volunteers from any liability that may result from participation in the Indoor Speed & Skill Sessions being held at the Parisi Speed School. By my signature, I attest to the following: That the information provided below is correct, and in the event of a medical emergency, I authorize FASTrack Soccer LLC and/or staff to seek medical care for my child as deemed necessary.

Signature of Parent or Guardian:

Date

Player name

Address

City

State

Zip

Phone

Emergency Phone