



# FC Premier Youth Academy

FC Premier Soccer Youth Academy program is a skills development program for boys and girls 10 years old and younger

**Fall Season 2017:** July-December

## PAYMENT OPTIONS:

<b>Spring Season U7-U10 (6-10 yrs. old)</b>
Option 1: \$540 Due July 1st
Option 2: \$270.00 Due July 1st, \$270.00 Due September 1st

### Includes

One practice session per week, one skills session per week, one outdoor league/referee fees, coaching fees.

(Does not include uniform kit, tournaments, NTSSA Registration or FC Premier Camps)

For more information Contact Coach Bonny Forzi (214)586-6039, bonnyfcp@yahoo.com  
Or Gina Gibson 214-914-1334 ginafcpsoccer@gmail.com

## Required Academy Uniform Kit: Cost \$70.00(circle sizes).

<b>YS YM YL YXL AS AM</b>	<b>YS YM YL YXL AS AM</b>	<b>Small Medium</b>
<b>Jersey (one Forest and one White)</b>	<b>Shorts (one for practice/game)</b>	<b>Socks (one pair)</b>

Player's name: \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

NTSSA Disclaimer: "The recruiting of players for the benefit of any individual, team, club and/or organization is strictly prohibited. Any person having knowledge of any Player recruitment at or through this soccer clinic, camp, academy, private lesson, etc., should report same, in writing, to the Youth Commissioner of NTSSA. The NTSSA Youth Commissioner shall deal with the alleged violations in accordance with NTSSA Rule 3.10 (Recruiting is any action or statement, made by anyone, either verbally or in writing, that encourages or entices a player to register with a particular coach, team, club and/or organization.)"  
 I have read and understand the disclaimer above. I release FC Premier, any and all affiliates, staff and facilities from any liability resulting from injury or accident to my child while attending the Academy. I hereby authorize the staff of the Academy to act for me in my absence to their best judgment in any emergency requiring medical attention. I give permission for a doctor of medicine or dentistry to administer emergency care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to FC Premier Academy. Your canceled check is your receipt  
\*\*\*No Refunds. NSF checks carry a \$25.00 service charge\*\*\*

**GIVE FORM AND ALL PAYMENTS TO: YOUR COACH OR TEAM MANAGER**

Office Use Only: Check # (Dues): \_\_\_\_\_ Check # (Uniform): \_\_\_\_\_ T/C: \_\_\_\_\_