



UNIVERSAL SOCCER ACADEMY

Personal 1 on 1 Training Sessions



PLAYER INFORMATION:

Student Name: _____

Student Date of Birth: _____

Soccer Club: _____

Parent/Guardian: _____

Address: _____

E-Mail: _____

Phone HM: (____) _____ - _____

Phone Cell: (____) _____ - _____

OFFICE USE ONLY:

Method of Payment: _____

CHK#: _____

DATE/REC: _____

ELITE SKILLS TRAINING & DYNAMIC EXPRESSION

Areas of focus:

- ◆ First touch
- ◆ Exploding into space
- ◆ High level ball control
- ◆ Skills under pressure
- ◆ Possession & Distribution
- ◆ Finishing

PACKAGES INCLUDE:

- 1—1HR Pay as you go session —\$120
- 5—1HR Personal sessions—\$550

“Building Impact Soccer Players for Life”

I hereby give permission for Universal Soccer & Futsal Academy to secure proper treatment for my Son/Daughter. In the case of emergency, I do hold harmless, Universal Soccer Academy, it's officers and employees, agents and contractors from any responsibilities for any and all injuries or death which may result from my participation in any programs offered by Universal Soccer Academy. I hereby agree to assume all the liability and risk from participating in any Soccer Programs offered by Universal Soccer Academy.

I grant permission to Universal Soccer Academy to use my image (Photographs and or/videos) for use in USA publications including videos, email blast, brochures and to use image in electronic version of the same publication or on USA website or other form of media. I hereby waive my rights to inspect or approve finished photographs or electronic matter that may use in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive all my right to collect royalties or other compensation from or related to the said image.

There will be no refund.

The USA expects all registered Participants to complete the training in its entirety. All Participants Parent/Guardian must sign a waiver for his/her child to Participate in all USA Programs.

Signing this document client fully agrees with the terms and conditions of this program.

Parent/Guardian Signature: _____ Date: _____