

DEVELOP YOUR SKILLS WITH VSA



TRAINING STARTS IN FEBRUARY 2019!

Depending on the number of players who sign up with VSA, the training regimen may be conducted in group sessions or one on one sessions.

© 2019 VSA Player Development Training Club

Contact Us

Give us a call for more information about our training sessions.

VSA Training Club
PO Box 4002
North Fort Myers, FL
33918-4002

(321) 693-7317

info@villaverdesocceracademy.com

Visit us on the web:
www.vsatraining.com or www.villaverdesocceracademy.com

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PLACE
STAMP
HERE



PO Box 4002
North Fort Myers, FL 33918



Player Sign-Up Form

Use this form to register the player for VSA training camp . If you have any questions regarding completing this form, contact coach Nelson via email: nelson@vsatraining.com

Player Information

Last Name _____ First Name _____ Nickname _____

Address _____

City _____ FL Zip _____ Email _____

Telephone _____ Date of Birth _____ Male Female

T-shirt size: YS YM YL YXL Current club affiliation : _____

Parent or Guardian Information

Father's Name _____ Cell Phone _____ Email _____

Mother's Name _____ Cell Phone _____ Email _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Phone _____

Important

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the VSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration or by VSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the VSA club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Player Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Training fee paid by: Cash or Check Online I would like to sponsor VSA Club

I like to donate \$_____ to VSA Club I would like to volunteer as _____