



2011
Future Stars Soccer Winter Training
All Ages
Oglethorpe Game Field

Saturday	January 8 th	11-1
Saturday	January 15 th	11-1
Saturday	January 22 nd	11-1
Saturday	January 29 th	11-1
Saturday	February 5 th	11-1

\$120 for all 5 sessions
\$30 for walk-ups

Oglethorpe University
4484 Peachtree Rd. NE
Salamone Game Field - located at the back of campus

General Public Welcome - Walk-Ups Accepted
Weather Hotline 678.612.1888
www.FSSoccerCamps.com

**“Where the Professionals of Today,
Train the Stars of Tomorrow”**

Winter Training Program Registration Form

Player Name:	Age:	Date of Birth:
Contact E-mail:	Home Phone Number:	
Mother Cell:	Father Cell:	
Insurance Company:	Policy #:	

	Date and Time	Location	\$120 for all 5 sessions \$30 for walk-ups
	Saturday, January 8 11:00-1:00 p.m.	Oglethorpe Game Field	_____
	Sunday, January 15 11:00- 1:00 p.m.	Oglethorpe Game Field	_____
	Saturday, January 22 11:00-1:00 p.m.	Oglethorpe Game Field	_____
	Saturday, January 29 11:00-1:00 p.m.	Oglethorpe Game Field	_____
	Saturday, February 5 11:00-1:00 p.m.	Oglethorpe Game Field	_____

Total _____	
Fee: \$120 for all 5 Sessions, \$30 for walk-ups. You may pay by either check or credit card	

Liability Release
 I assume all risk of loss or property or injury to the person, including injuries resulting in death caused by or incidental dangers associated with soccer activities and agree that there are certain inherent dangers related to soccer participation and therefore agree to indemnify, hold harmless and, upon the reasonable request of Academy, to defend Future Stars Soccer Academy, Inc. and its employees, directors, officers, agents, and volunteers from and against loss, liability, damages, claims, or expenses, including reasonable attorney's fees, arising out of claims or suits for damage or injury to persons or property in connection with, in whole or in part, for any injury which might be considered a normal risk associated with participation in or attendance at any soccer activity.

Make check payable to: Future Stars Soccer Academy Send to: P.O. Box 628 3000 Woodrow Way Atlanta, GA 30319	Type of Credit Card: VISA MasterCard
	Cardholder Name: _____
	Card # _____
	Exp. Date: _____ Validation CVV: _____
	Signature: _____