



**OPEN TO ANY PLAYER WHO WANTS TO ADD SKILLS TO HIS OR HER GAME!**

**Session I: Begins December 20**

**Session II: Begins February 14**

Sign up for either or both sessions

Single Session (8 weeks): \$120

Both Sessions (16 weeks): Discounted to \$200

Limited enrollment for the winter

**Training for both Boys and Girls**

**Sunday Afternoons**

**Ages 4-5; 6-8: 3pm-4pm**

**Ages 9-11: 4pm-5pm**

**Ages 12-14: 5pm-6pm**

**NEW PLAYERS ALWAYS WELCOME**

**TRAINING WITH UK INTERNATIONAL TRAINERS PLUS LOCAL HS & TRAVEL COACHES**

- Low player-to-coach ratio.
- Training takes place on NYA's air-conditioned indoor turf.
- Each age group is divided into SKILL LEVELS as needed.
- Parents receive email updates throughout the program.
- Training focuses on skills, fundamentals, and Technique

*Sign up online today!*

**CALL 203-304-1830 OR VISIT [www.newtownyouthacademy.org](http://www.newtownyouthacademy.org)**



Newtown Youth Academy

203-304-1830

# PARTICIPANT REGISTRATION / WAIVER

(please print)

DATE: \_\_\_\_\_

**PROGRAM/ACTIVITY** NYA Soccer Academy

Prorated

**FEE PAID** \_\_\_\_\_

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female

Printed Name of Parent/Guardian (if under 18) \_\_\_\_\_  
Must Sign below

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Returning Participant CC on File**

- Method of payment: [ ] Cash [ ] Check [ ] Visa / MC / Discover
- Credit Card Information: Name on Card \_\_\_\_\_  
Number \_\_\_\_\_ Security Code ( ) Expiration Date \_\_\_\_\_

By enrolling at Newtown Youth Academy, participant understands that while attending the programs and using Newtown Youth Academy and the facilities he/she does so at his/her own risk. Newtown Youth Academy and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Newtown Youth Academy, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Newtown Youth Academy. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Newtown Youth Academy to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Newtown Youth Academy and its assigns to utilize any and all photographs, pictures, videos or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

\_\_\_\_\_  
Signature of Participant (if over 18) (Name Above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if Participant under 18 years of age)

\_\_\_\_\_  
Date