



DFAC 2012 Jr Elite School of Excellence Phase 2 Registration Form

Please arrive 10 mins before your session!!

<i>Jr Elite Phase 2 Program</i>
6 Sessions: Feb 3rd thru Mar 9th Every Friday
Place: Desert Broom Park
U6/7/8 Program: 5:00p – 6:00p
U9-U12 Program: 6:00p – 7:00p
Pricing (all 6 sessions): \$55 (\$70 for New DFAC players) <i>Incl a Jr Elite t-shirt</i>

DFAC Hotline: 480-488 8485

Soccer Email: dfacsoccer@hotmail.com



-----Mail Bottom Portion-----



DFAC 2012 Jr Elite School of Excellence

⇒ **Mail form to: DFAC P.O. Box 4312, Cave Creek 85327-4312**

Player Name: _____ Birthdate: _____

****All age divisions based on the most recent In-house 2011 Recreational Season****

Division: U6 (8/1/05-7/31/06) U7 (8/1/04-7/31/05) U8 (8/1/03-7/31/04)
 U9 (8/1/02-7/31/03) U10 (8/1/01-7/31/02) U11/12 (8/1/99-7/31/01)

T-shirt Size: YS YM YL AS

Parents Name(s): _____ Phone No.: _____

Address: _____ Cell/Work Phone No.: _____

_____ Email: _____

Medical Consent: I hereby give my consent for all medical care prescribed by a duly Licensed Doctor of Medicine for the above registered player, as his/her legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. In addition, I authorize the coach or agent(s) of the State Youth Soccer Association to transport as required the above minor to and from the association sponsored activities.

Parent Signature: _____ Date: _____

DFAC Use Only: *Date Received:* _____ *Check / Cash* *Check Number:* _____

