



PASA Winter Technical Training

PASA Technical Director, AJ Madero, will be holding weekly technical training at the Bedford YMCA. This 10 week training session is open to all field players of all abilities, regardless of club, team or league affiliation.

- Location: Bedford Area Family YMCA
- Address: 107 Turnpike Road, Bedford, VA 24523
- Dates: Friday Evenings from December 9, 2011—February 24, 2012
No classes on December 23 or 30
- Times: Grade 8 grade & under: 6:00—7:30 pm
High School: 7:30—9:00 pm
- Price: \$85 per player December 3—9
- Payment: Checks should be made payable to "PASA"

In consideration of the permission granted to my child or children by Peaks Area Soccer Association (PASA) to participate in soccer programs, I hereby release PASA from all action, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assignees may have against PASA, its officers, or other parties acting on behalf of PASA for all personal injuries, known or unknown, that the participant has or may incur by participating in the soccer program and hereby knowingly assume the risk that such child may be injured in such activity. I hereby attest that my child is physically fit and has no ailment that should prevent him/ her from participating in soccer. I further authorize PASA officials to take proper steps to provide medical attention should my child be injured while playing or being transported to or from any PASA sponsored activity. I hold said officials and PASA harmless.

I grant permission for myself and /or my child to be interviewed, photographed, audio taped and/or videotaped by Peaks Area Soccer Association, Peaks Area Soccer Association affiliates, and members of the news media for publication in news stories, advertisements, promotional materials or other print or electronic publications which include the "PASA Newsletter" and miscellaneous brochures and advertisements. PASA regularly uses email lists as a means of mass communication. I grant permission for my email address(es) to be used for such PASA-specific purposes, and I understand that I may unsubscribe at any time.

I have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance.



Parent/Guardian Signature _____

Parent/Guardian Name[s] _____

Player Name _____

Player Gender/Age _____/_____ Date of Birth _____

Street Address _____

City, State _____

Area Code & Phone Number _____ Email _____

Medical/Special Needs _____

Peaks Area Soccer Association

P.O. Box 2133
Forest, VA 24551

E-mail: info@pasasoccer.info