

## Kingston Youth Soccer Winter Training Program

**PTUSA'S** Premier Training Academy will be offering a chance to train this winter with qualified coaches renowned for teaching youth players. We have, and will continue to pride ourselves in the professionalism of our staff and the innovation of our curriculum. The Academy focuses solely on the technical development of the youth player and the understanding of their playing environment.

This year, winter training will focus on age appropriate skills for u8 and u10 players.

Winter training will run in two eight week programs: Nov. 12<sup>th</sup> – Jan 21<sup>st</sup> and Jan 28<sup>th</sup> – March 25<sup>th</sup>... **Thursday Nights**\*\*\* (a change from prior years)

**WHERE:** Kingston Elementary School (a change from prior years)

**TIME:** U8 -4-5pm u10 -5-6pm

**COST:** \$50 for an eight week session

How to Register:

- 1) Complete the form below
- 2) Mail the form and check to KYSA , PO BOX 53, Kingston Ma, 02364  
\*\*\*\*\*Make all checks payable to KYSA

Any questions?? Contact [KYSAtraining@hotmail.com](mailto:KYSAtraining@hotmail.com)

**SPACE WILL BE LIMITED. REGISTRATION WILL BE HANDLED FIRST COME FIRST SERVED**

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**Player:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Current KYSA division:** \_\_\_ U8 \_\_\_ U10 **session 1:** \_\_\_ 11/12—1-21 **session 2:** \_\_\_ 1/28 – 3/25

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact & Phone** \_\_\_\_\_

*I certify that my child is in excellent physical health and may participate in strenuous physical activities, such as soccer. Permission is granted that my child may receive medical treatment if needed. I hereby release, PTUSA, KYSA and all of their affiliated entities for all liability claims . I confirm that I am the above mentioned child's parent and or guardian.*

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Parent/Guardian Signature

Date

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