



FIRST MOBILE SPORTS ACADEMY

FIRST MOBILE SPORTS ASSOCIATIONS FC

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First Mobile Sports Academy - **Registration Form**- First Mobile Sports Association

CAMP SELECTION PROGRAM CHOICE: JUNE -AUGUST EVERY YEAR!!!

- A :5 Full Days Elite Adaptive – 8:00 AM to 5:00 PM – **\$180/Week** ☐
- B:5 Full Days General Adaptive-8:00 AM to 5:00 PM **-\$150/Week** ☐
- C:5 Full Days & extended hrs. – 7:30 AM to 6:00 PM-**\$205/Week** ☐

Circle week registered **1 2 3 4 5 6 7 8 9 10** **Program choice: A B C**

Players Information

First Name: _____ Last Name: _____

Address: _____ Province: _____

Postal Code: _____ Date of Birth: ____/____/____ (mm/dd/yyyy)

Gender: Male ☐ Female ☐

Please choose at least two:

Goalkeeper ☐ Defender ☐ Midfielder ☐ Utility ☐

Forward/Attacker ☐ **Playing Level** (REC, CDC, LDP, SEMI -PRO.PRO): _____

Parent/Guardians Information

First Name: _____ Last Name: _____

Tel# Home: _____ Tel# Mobile: _____

Tel# Work: _____ Email: _____

MEDICAL Consent for Medical Treatment for a minor as the parent or legal guardian of the above-mentioned player, I hereby give minor consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb and well-being of my defendant.

Signature of parent/Guardian

Allergies _____ Signature _____

Address _____ City _____ Street _____

Zip _____ Home Phone _____ Cell Phone _____

Payment Method:

Check ☐ Cash ☐ online (PayPal, Credit Card) ☐ must be received prior to the first training session.

Email transfer ☐ -info@fmsportsacademy.com