



# PLAYER DEVELOPMENT PROGRAM

Join us INDOORS at Game On Arena Sports for skills training for all youth players 6 years and up.

Three GREAT reasons to put your child in our Player Development Program:

1. They will enjoy a wide variety of coaching from some of the best – TCU coaches, local club coaches and Game On staff..
2. Develop GOOD habits early or work to correct bad habits .
3. Train indoors where it is cool and dry...not to mention, it's FUN!

## Training Sessions:

- Every Friday from 5-6:30 PM, OCT 2 – NOV 20, 2009.
- Cost is \$ 100 for all 8 sessions.
- Ages 6 and up.
- Small training groups – divided by age and skill level.

## Skills Emphasized:

- Ball control and dribbling
- Passing and receiving
- Offensive tactics
- Defensive tactics
- Shooting and finishing
- Speed and Agility
- Conditioning

Register NOW – Sessions start OCT 2<sup>nd</sup> !!!

Game On Arena Sports, 251 Settlement Plaza Dr., Fort Worth, TX 76108  
Register at [www.gameonarenasports.com](http://www.gameonarenasports.com) or call 817-367-7800 for more information.

[Registration Form on Back](#)

## Player Development Program Registration

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Best) Parent Contact Number: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical

Conditions/Allergies: \_\_\_\_\_

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Register online at [www.gameonarenasports.com](http://www.gameonarenasports.com) or send payment to and registration form to:

Game On Arena Sports  
251 Settlement Plaza Dr.  
Fort Worth, TX 76108

### Liability Release

I hereby release Game On Arena Sports, owners, employees and staff from any and all liability of any kind of personal injury or property damage due to participation in this camp. I certify that my child is in good health and is able to participate in all activities. If any medical attention is required for illness or minor injury, I give my permission to a staff member to provide such care. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, and accept the responsibility for any and all associated costs.

My signature below confirms that I have read and fully understand the information regarding liability.

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_