



Winter Indoor Training

Mondays

TNT Coaching Staff includes **Aaron Daane:**
DOC of TNT West, National Youth, C and
NSCAA Licenses, MSYSA State Staff, ODP
101 West Director, former D1 college coach,
DOC for over 10 years

January 28,

6:30 – 7:30 U9 – U12

February 6,13,20,27

7:30 – 8:30 U13↑

March 5

What to Bring:

- Properly inflated soccer ball
- Indoor Soccer shoes
- Water or sports drink

Cost :

\$50 Per Player
Checks to TNT Dynamite

Location:

Community Reformed
10376 Felch Street
Zeeland, MI 49464

Need more information?

Contact Aaron at 616-780-1723
azdsoccer@sbcglobal.net

Mail Payment & Registration to:

TNT Dynamite West
PO Box 8103
Grand Rapids, MI 49518

Registration Information

Player's Name: _____ Parent's Name: _____

Street Address: _____ City: _____ Zip code: _____

Cell number: _____ Home Phone: _____ Email: _____

Date of Birth: _____ Gender (circle): M or F Age Level / Time: _____

The TNT Dynamite Soccer Club (TNT) and Community Church (CC) are not responsible for any injury to any person suffered while participating in individual or team soccer training . In consideration of my participation, I hereby release and covenant not to sue TNT, CC, its employees, agents, representatives, athletic trainers, and all others who are involved from any and all present and future claims for property damage, personal injury, or wrongful death, arising as a result of my participation in this event. I hereby voluntarily waive any and all claims both present and future that may be made by me, my family, estate, heirs, or assigns. I certify that I have no health conditions which would prevent me from participation in this event, nor have I been advised by a third party including a physician, that I cannot participate in any event or activity.

I am aware that this event may involve strenuous activity involving the risk of injury. I understand that these activities involves certain risks, including, but not limited to, death, serious neck and spinal injuries, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculo-skeletal system and serious impairment to other aspects of the body, general health, and well being. I am voluntarily participating in this activity with knowledge of the danger and risks involved and hereby agree to accept any and all inherent risks of personal injury or death.

I further agree to indemnify and hold harmless TNT, CC, its employees, agents, representatives, athletic trainers, and others involved, from any and all claims, including but not limited to court costs, attorney's fees, not otherwise covered by insurance arising as a result of me engaging in or receiving instruction at this event or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Michigan and agree that if any portion is held invalid, the remainder of the waiver for any legal proceeding shall be in Michigan.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____