



**NORTH METRO SOCCER ASSOCIATION
GOAL KEEPER TRAINING REQUEST FORM**

Player Name: _____ Age: BU: _____ GU: _____

Team Name: _____ Player Level: _____

Head Coach: _____ Asst. Coach: _____

Parents Signature: _____ Date: _____

E-mail: _____ Phone: _____

Payment Information:

Please check the appropriate payment type:

_____ \$25 per player – checks made payable to NMSA / submitted along with form.

OR

_____ Prior approval from head coach that payment can be made from your team account. Head coach must e-mail the treasurer requesting the transfer amount. Completed form must be submitted.

Training Information:

Age Groups and Times:

U9 – U12: Date: _____ Time: _____

U13 – U18: Date: _____ Time: _____

Location: _____

Please Note: It is desirable that coaches be present for the Goal Keeper training sessions. Coaches should have the emergency contact and medical information (NM Registration Forms) for all players with them at the training sessions. If the Coach or Asst. Coach cannot be present, please make arrangements to have the emergency information with a registered adult or a participating player's parent that will be present at the all training sessions.