



Samba Futbol Academy
"Stepping stone to greatness"

**Is your son or daughter interested in learning the beautiful game of soccer?
*Well Look no further SFA is here!!!***

Anyone interested in playing for *Samba Futbol Academy* for the Spring or Summer 2017 season **MUST attend open practice and try-outs. All try-outs will be held at Valley Stream State Park or Coes-Neck Park.**

Please note:

- * Samba Futbol Academy teams play under NY CLUB SOCCER LEAGUE and will adhere to their regulations.**
- * Players may play for only 1 Club---No exceptions!!! Yet they may play with more than 1 team within the same club provided they are age appropriate!!!**
- * Samba Futbol Academy is well on the way to becoming one of the elite clubs on Long Island.**

**We welcome those who exhibit determination, loyalty, and commitment.
*Looking for Boys and Girls between the ages of U6-U12.***

**For more information on Samba Futbol Academy Try-outs email
sambafutbol2@gmail.com or call (516) 312-3061.**



Summer Camps



Samba will host its two annual summer camps!!!

Please check of Camp Choice(s):

_____ **Camp I: Camp at Valley Stream State Park- Mon July 10th-Thurs July 13th – 9am (8:45am drop-off)-1pm- \$235 per player.**

_____ **Camp II: Long Beach Madness - Mon August 7th – Thurs August 10th 6:30pm-8pm - \$165 per player. (On Long Beach Between Monroe and Lincoln)**

Acceptable form of payments: Cash, Credit, Check / Money Order made out to SAMBA FUTBOL ACADEMY

PLEASE COMPLETE AND RETURN THE APPLICATION FORM TO SAMBA --91 JEAN AVE- HEMPSTEAD, NY 11550

Player s Name _____ Birth date ____/____/____
Parent s Name _____
Address _____ City _____ Zip _____
Email address _____@_____ Phone number (_____) _____ - _____
Emergency and Medical Information
In case of emergency, contact _____@ (_____) _____ - _____
Medical conditions _____

As parent / guardian of the above-named player, I certify that he / she is in excellent health and has no physical, mental or emotional problems which are likely to affect participation in strenuous physical activity at soccer practice, and certify that my child is covered by medical insurance. I give full responsibility to the trainers and counselors to give any medical treatment necessary. I take full responsibility for any accident or injuries that may occur during the training. I am fully aware that all coaches and counselors are free from any liabilities.

Print Name _____ Signature _____
Date ____/____/____