

BRAZILIAN FUTSAL ACADEMY

FUTSAL ACADEMY APPLICATION

Date: _____

What League or Club Are You Currently Registered With:

Players Name:

CONTACT DETAILS:

Parents Names: _____

Coaches Name: _____

Cell Numbers: _____

Cell Number: _____

Home Phone: _____

Home Phone: _____

Email: _____

Email: _____

Best time to call _____

Best time to call _____

INFORMATION:

1. Are you familiar with Futsal? Yes/No If Yes How? _____
2. Have you Coached Soccer in the Past? Yes/No
a. If Yes For How Long? _____ What Licenses do you hold? _____
3. What percentage of your child's games do you attend? _____
a. Do You Ever Attend Professional Games? _____
4. What would your child's current coach say about you as a parent?

5. What would your child's current coach say about your child?

6. Would you be able to consistently attend the monthly Testing/Awards Program?

7. Do you have any other children that now or in the past play club soccer or high school soccer? _____

NOTES:

Brazilian Futsal Academy Representative: _____