



### FREE INDOOR CLINIC And TRYOUTS

December 7, 14, 21, January 4  
Ages 7-13 5:30 – 6:30pm

### WINTER TRAINING SESSION

Fridays, 1/11/08– 3/21/2008  
Ages 7-13 6:00 – 7:00pm \$120

### PRO ACADEMY

Wednesdays, 1/09/2008 – 3/19/2008  
Ages 7-10 6:00 – 7:00pm \$120

**Excel Gym**  
3N800 Peck Road  
St. Charles, IL 60175

TEAM CHICAGO SOCCER CLUB  
Team Chicago- West  
St. Charles, Batavia and Geneva  
630-978-8244  
FAX 630-978-2954  
office@teamchicagosoccer.org  
www.teamchicagosoccer.org

## WE HAVE DEVELOPED NATIONAL, REGIONAL AND STATE CHAMPIONS!

### Learn with the Best!

Team Chicago is known nationally for its successful and specialized development of high level young youth teams. Team Chicago has won 16 State Cups and 2 Regional Championships. They have notable achievements in developing young highly technical skilled players with a lot of Brazilian style flare, having produced 24 regional players and 9 national level players. The club is composed by 33 boys and girls traveling teams from U7 thru U13. We emphasize "making moves" and "having fun" over winning at all cost! We produce players who have success at all levels of soccer and players who will enjoy playing soccer the rest of their lives.

### Training concepts and objectives

- Develop "Brazilian" style soccer
- Gain ball control thru specialized technical training
- Soccer Fitness
- All games and training are designed to emphasize and nurture a love of soccer

**Orlando Hadzic**  
Director of Coaching (West)

## TEAM CHICAGO WINTER TRAINING

Ages 7-13

**FREE INDOOR CLINIC**  
**WINTER TRAINING (non-members) - \$120**  
**PRO ACADEMY - \$120**

Make checks payable to "WAA".

Player's Name: \_\_\_\_\_

Gender (Circle one):    F    M

Parent's Name : \_\_\_\_\_

Birthdate : \_\_\_\_\_

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

City : \_\_\_\_\_

Zip : \_\_\_\_\_

Phone : (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I hereby give permission and certify that my son/daughter is in good health and able to participate in all activities. I hereby release Team Chicago Soccer Club, coaches, staff, and all other entities associated with the class of liability for any injuries or illness incurred by my child at the winter camp/clinic. In case of emergency, I grant permission for my son/daughter to be given emergency treatment at a local hospital.

Parent/Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

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