



Soccer Training for 5, 6, 7 & 8 year olds
Team Chicago Pro Academy Indoor 2011-2012

Wheatland Athletic Association
Team Chicago Soccer Club

2323 Liberty Street
Aurora, IL 60502

Phone: (630) 978-8244
Fax: (630) 978-2954

www.teamchigosoccer.org

office@teamchigosoccer.org

Check # _____ / _____
Last Name _____
Date Rec'd _____

Program Dates: Session I: Saturdays, October 29 thru December 17, 2011 - <u>\$95 for 8 week session</u> Session II: Saturdays, January 7 thru February 25, 2012- <u>\$95 for 8 week session</u> Session III: Saturdays, March 3 thru April 14, 2012 - <u>\$90 for 7 week session</u> Sign-up Deadlines: Session I – October 29, 2011 Session II – December 10, 2011 Session III – February 18, 2012 \$10 late fee added for registrations received after deadline.	Please select session(s) <input type="checkbox"/> 2083 <input type="checkbox"/> 2084 <input type="checkbox"/> 2085
Limited space is available. To better guarantee placement, sign-up early and for multiple sessions.	

Please Check One (see reverse side for Program description and Level explanation)

SATURDAYS: 8:00 BEGINNERS____, **9:00 LEVEL 1**____, **10:00 LEVEL 2**____, **11:00 LEVEL 3**____

All training will be on the small indoor field at PlayUSA, 2323 Liberty St., Aurora, Il 60502.

Checks Payable to: WAA, or call (978-8244) or stop by or call the Team Chicago office to pay by credit card (a \$4.00 convenience fee is added to each credit transaction).

Pro Academy players must wear a yellow Team Chicago t-shirt, available in the TC office for \$10.00

REGISTRATION INFORMATION *Please Print*

PLAYER NAME _____ PHONE _____ GENDER _____
ADDRESS _____ CITY _____ ZIP CODE _____
FATHER NAME _____ CELL PHONE _____
MOTHER NAME _____ CELL PHONE _____
E-MAIL (required) _____ SUBDIVISION _____
BIRTHDATE ___/___/___ AGE _____ SCHOOL _____ GRADE _____

TEAM CHICAGO & WAA WAIVER -- Please read full waiver on page 2--

All activities will be denied if the signature of adult parent/guardian and date are not on this waiver.

Participant Name: (Please Print) _____
Parent/Guardian Name: (Please Print) _____
Participant/Parent/Guardian Signature: _____ Date: _____

I have read and fully understand the following information, warning of risk, assumption of risk and waiver and release of all claims on page 2. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Program Description

Pro Academy is designed to teach young players (5, 6, 7 and 8 year olds) individual soccer technique in a fun and exciting environment. Pro Academy is a little more advanced than the traditional Recreational Kindergarten/Pre-School Program. It is meant for the child who has already participated in a clinic or soccer program, and has a basic understanding of the game. The indoor program will include training with scrimmage session each Saturday. . Fundamental skills such as dribbling, shooting, passing and goal keeping will be taught, with an emphasis on skill development and ball control. Team Chicago teaches a Brazilian style of soccer through the use of “cool moves” and individual skill development.

Team Chicago reserves the right to place players at their appropriate Level

Beginners: is intended for players new to Team Chicago Pro Academy. Most Players should begin in this class for evaluation.

Level 1: is intended for players in their first year of Team Chicago Pro Academy.

Level 2: is for the players who have some mastery of the level 1 skill set.

Level 3: is for the player that has attended at least 3 sessions of Team Chicago Pro Academy **and** has mastered the skill set of Level 1.

What to Bring and Wear

Pro Academy players must wear a yellow Team Chicago practice t-shirt (available in the TC office for \$10.00 if you don't have one already). Please have shin guards, soccer socks indoor soccer or gym shoes. **NO CLEATS ALLOWED**

Refund Policy

A *FULL* refund will be issued up to the registration deadline of each session. Requests for refunds after the session deadline will be subject to a \$25.00 cancellation fee. Refunds will NOT be issued after training play begins. No refunds will be given for missed sessions due to illness, improper equipment, vacations, etc.

Location and Times

Each session lasts one hour. Training will take place on the small field inside PlayUSA, located at 2323 Liberty St in Aurora.

*****PARTICIPANT/PARENT/GUARDIAN/VOLUNTEER WAIVER AND RELEASE FORM*****

Team Chicago, as a program of the Wheatland Athletic Association, Inc. (“WAA”) is committed to conducting its programs, services, and activities (collectively “WAA Activities”) in a safe manner and holds the safety of all WAA volunteers and participants in high regard. Volunteers, participants and parents/guardians of minor volunteers and participants must recognize that there is an inherent risk of injury when choosing to volunteer or participate in performing and/or otherwise assisting in WAA Activities. You are solely responsible for determining if you and/or your minor child/ward are physically fit and/or adequately skilled to participate or volunteer in WAA Activities. You hereby represent to WAA that you have consulted a physician before participating or volunteering in any WAA Activities and that you and/or your minor child/ward do not have any health issues which would preclude you from participating or volunteering in WAA Activities. You also agree that at the request of WAA, its representative, employee, or a volunteer coach, you may be required to attend all practices and games with your child if additional supervision is deemed necessary by WAA, its representative, employee, or a volunteer coach.

WARNING OF RISK - Participating and volunteering in WAA Activities often challenge and engage the physical, mental and emotional resources of each participant and volunteer. Despite careful and proper preparation and instruction there is still a serious risk of injury when acting as a participant or volunteer in WAA Activities. All hazards and dangers can't be foreseen. In this regard, it is impossible for WAA to guaranty your safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK - Please read this form carefully and be aware that by participating or volunteering in WAA Activities, you will expressly assume the risk and legal liability and waive and release all claims for injuries, damages, or loss, which you and/or your minor child/ward may sustain as a result of participating or volunteering in any and all WAA Activities. You also acknowledge you are solely responsible for providing insurance coverage for yourself and your child and WAA does not provide participants with supplemental medical coverage.

I recognize and acknowledge that there are certain risks of physical injury to participants and volunteers participating and/or engaging in WAA Activities, and I knowingly, intelligently, and voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward and/or I may sustain as a result of said participation or volunteering in WAA Activities, and hereby give approval for my minor child/ward to participate in WAA Activities. I further agree to waive and relinquish all claims I and/or my minor child/ward may have as a result of participating or volunteering in WAA Activities against WAA, or any of its affiliates, officials, directors, employees, agents, officers, and/or other volunteers. I further pledge to abide by the WAA code of conduct.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature required on front registration page