



## TECHNICAL DEVELOPMENT PROGRAM (new for Spring 2010)

### **SMALL GROUP TRAINING (4 TO 6 players)**

This is a great way to get in extra skill development during the week. All players are asked to sign up as a group of 4 to 6 players.

Each session will be run by a GLSA Professional Staff coach. Classes will have technical focus for the first portion and then finish off with small sided games to incorporate the techniques learned at each session.

**Dates:** Scheduled with GLSA Staff and player(s)

**Fee:** \$100 per player for 6 sessions

**Location:** Libertyville Township Soccer Complex Fields

**Ages:** U9 through High School ages

**Times & Days:** Scheduled with GLSA Staff and players

**# of Players:** 4 minimum - 6 maximum (must register together for these sessions)

### **INDIVIDUAL TRAINING (1 TO 3 players)**

Are you looking for individualized training with a GLSA Professional Staff coach? Each session, with the GLSA staff coach, will have a technical focus with repetitive exercise training to improve techniques and muscle memory.

Technique will be corrected at the moment of activity to assure players understand the proper mechanics of the session's technical work.

We offer technically focused sessions in scoring, dribbling, passing ~ receiving from the ground/air and goalkeeper training.

**Dates:** Scheduled with GLSA Staff and player(s)

**Fee:** For 6 sessions

~ \$240 per player (1 to 1 player-coach ratio)

~ \$180 per player (2 to 1 player-coach ratio)

~ \$130 per player (3 to 1 player-coach ratio)

**Location:** Libertyville Township Soccer Complex, Field 17

**Ages:** U9 - U19

**Length of each session:** 1 hour

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

**GLSA Coach Request (if any):** \_\_\_\_\_

\* Please keep in mind that GLSA will assign a staff coach if you do not request one specifically  
Also keep in mind that if you do request a coach, their availability will be based off their current schedule

**Other players you will train with** \_\_\_\_\_

\* This is for the 2-3 player individual training & the small group sessions.

\* All players need to put the same names down in this area when registering.

**Specific technical (skill) area(s) you want coach to work on:** \_\_\_\_\_



**GLSA Soccer Academy  
Program Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday: \_\_/\_\_/\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Email Address \_\_\_\_\_ (MUST COMPLETE)

School: \_\_\_\_\_

I agree to submit a signed medical release \_\_\_\_\_

**Parent Signature**

Program Title	Time	Day	T-shirt Size	Fee

**Make checks payable to the Greater Libertyville Soccer Association**

Check #: \_\_\_\_\_ OR Credit Card Payment (MasterCard or Visa ONLY)

Account Number \_\_\_\_\_ Cardholder Name \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge Amount \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Registration forms for GLSA clinics and programs can be found on the GLSA website, [www.glsa.org](http://www.glsa.org) or at the GLSA office, 1860 W. Winchester Rd., Suite 204, Libertyville, IL 60048. Please contact Gina Wessel for more information or questions  
847/367-1035 x101  
FAX 847/362-7259



## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parents/Guardians' Signature is required if participant is under the age of 18)*

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Participant's Signature is required)*

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**