



TRI-CITIES SOCCER ASSOCIATION U7 TRAVEL ACADEMY

The goal of introducing the **U7 Travel Academy** is to allow players at the younger age group the opportunity to experience travel soccer. Teams will be professionally coached by TCSA travel staff. Academy players will train

as well as play scrimmage games on Saturdays during the fall season against other TCSA teams. The goal of the program is to enroll team(s) into the traveling leagues for the spring season.

Structure

- Academy style training, teams will train together two times per week (once during the week once on Saturdays)
- Training will start the week of August 23rd
- Games will be held 10:00am on Saturday's: Sept. 11 – Oct. 30
- Ball size 3
- All players must wear shinguards

Player Cost

\$350/year or \$175/season (Plus Uniform)

Uniform Cost

Total: \$65*

*Includes shorts (\$19), 2 Pairs of socks-white and blue (\$18), 1 game t-shirt with number (white), and 1 Game jersey with number (blue)

Trainers

Lindsay Cicci — Lindsay joined Tri-Cities Soccer as Travel Coordinator in 2008 and became the Director of Travel in 2009, growing the program to include over 58 travel teams today. Lindsay holds a National D License.

Tessa Roberts — Tessa has been with Tri-Cities since 2008 as trainer and Indoor Coordinator. She played soccer at Augustana College where she developed an impressive resume including First Team All-Conference and First Team All-Region two consecutive years running. Tessa holds a National D License.

Sara Beebe — Sara joined Tri-Cities in 2009 as a trainer for all ages including a substitute for the high school ages. Sara played for the University of Wisconsin-Parkside where her team was league champions for two years, and she was named female athlete of the year. Sara holds a National D License.

U7 TRAVEL ACADEMY REGISTRATION/WAIVER

Please fill out completely, detach and mail.

\$350 (Full Year) \$175 (1 Season) \$65 (includes home/away game jerseys, socks and shorts)

Player(s) Name _____ Birth Date _____

Parents Name _____ E-mail _____

Address, City, State, ZIP _____

Home Phone _____ Mobile Phone _____

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program.

My child/ward has permission to participate in the Tri-Cities Soccer Association. I recognize and acknowledge that there are certain risks of physical injury to participants in the program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims I or my child/ward may have against Tri-Cities Soccer Association and its Officers, Agents, Servants, and Employees as a result of participating in the program. I hereby fully release and discharge the Tri-Cities Soccer Association and its Officers, Agents, Servants, Employees, Volunteers, Sponsor Groups and entities providing fields to the association from any and all claims from injuries, damage or loss which I or my child/ward have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the program. I further agree to indemnify and hold harmless and defend the Tri-Cities Soccer Association and its Officers, Agents, Servants and employees from any and all claims resulting from injuries, damage and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of the program. I have read fully and understand the program detains and waiver and release of all claims.

I understand that my own health and accident insurance are my financial protection in the event of injury to my soccer playing child/ward. As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above name minor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is my understanding that Tri-Cities Soccer Association will make a reasonable effort to notify me of the injury.

Send Check and Registration to:

Tri-Cities Soccer Association, P.O. Box 477, St. Charles, IL 60174

Signature of Parent or Guardian _____