

# TCSA SUMMER CAMPS 2020



The TCSA Summer Camps are a fun and stimulating educational summer experience for all players involved in soccer. The camps will focus on strengthening and improving fundamental technical abilities in the areas of dribbling, passing and shooting, as well as expanding on tactical knowledge of the game of soccer in a small sided game environment. Professional coaching staff will demonstrate and instruct daily topics covered and players will be split up into groups based on their age and ability in order to create a challenging training environment appropriate for each player. These camps will be a great experience for all players as they will be packed with fun activities that guarantee each player's improvement in fundamentals of the game of soccer.

Dates & Time	Pricing
<b>June 22 – 26, 2020 (Monday – Friday)</b>	
9:00am–11:00am	\$149 (2 Hour Camp)
9:00am–1:00 pm	\$249 (4 Hour Camp)
<b>July 13 – 17, 2020 (Monday – Friday)</b>	
9:00am–11:00am	\$149 (2 Hour Camp)
9:00am–1:00 pm	\$249 (4 Hour Camp)
<b>August 3 – 7, 2020 (Monday – Friday)</b>	
9:00am–11:00am	\$149 (2 Hour Camp)
9:00am–1:00 pm	\$249 (4 Hour Camp)

Location
<b>TCSA's Breen Park South</b>
The fields are located on Peck Road (West side of the road) just South of Route 38 and the District 303 Bus Facility

*For additional information or questions please contact...*

*Alen Osmanovic at [Alen@tcsa.net](mailto:Alen@tcsa.net) or*

*Lindsay Perkins at [Lindsay@tcsa.net](mailto:Lindsay@tcsa.net).*



Tri-Cities Soccer Association  
P.O. Box 477  
St. Charles, IL 60174  
Phone: (630) 377-1101  
Fax: (630) 377-2022  
Email: [tcsa@tcsa.net](mailto:tcsa@tcsa.net)

# TCSA SUMMER CAMPS 2020 REGISTRATION / WAIVER FORM



Please fill out completely and mail to  
TCSA: P.O. Box 477, St. Charles, IL 60174

TCSA Camps (check one)	Camp Time: Monday – Friday (check one)		T-Shirt Size (check one)	
<input type="checkbox"/> Week 1: June 22 – 26, 2020	<input type="checkbox"/> 9:00am – 11:00am	<input type="checkbox"/> 9:00am – 1:00 pm	<input type="checkbox"/> YS	<input type="checkbox"/> YM
<input type="checkbox"/> Week 2: July 13 – 17, 2020	<input type="checkbox"/> 9:00am – 11:00am	<input type="checkbox"/> 9:00am – 1:00 pm	<input type="checkbox"/> YL	<input type="checkbox"/> AS
<input type="checkbox"/> Week 3: August 3 – 7, 2020	<input type="checkbox"/> 9:00am – 11:00am	<input type="checkbox"/> 9:00am – 1:00 pm		

Player / Parent Information	
Players Name:	Birth Date:
E-mail:	Home:
City:	Cell:
State:	Zip:

Payment Information	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check (make payable to: TCSA)
Name on Card:	
Credit Card Number:	
Expiration Date:	CVS:

In Case of an Emergency	
Name:	
Relationship to Child:	Phone Number:

I certify that my son/daughter is in good health and capable of participating in all soccer drills. I also grant the directors permission to obtain specialists in the event of an emergency and agree to bear the expenses of such procedures. I understand that all applicants are required to have accident insurance coverage during the sessions.

Parent / Guardian Name:

Parent / Guardian Signature:

Date:



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