



TCSA 2021 SUMMER CAMPS

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	Location
June 21-25, 2021 (Monday – Friday)		Breen Park South
9:00 am – 11:00 am	\$149	The fields are located on Peck Road (west side of the road) just south of Route 38 and the District 303 Bus facility.
July 12-16, 2021 (Monday – Friday)		
9:00 am – 11:00 am	\$149	
July 19-23, 2021 (Monday – Friday)		
9:00 am – 11:00 am	\$149	
August 2-6, 2021 (Monday – Friday)		
9:00 am – 11:00 am	\$149	
9:00 am – 1:00 pm	\$249	

For additional information or questions please contact: Alen Osmanovic at alen@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



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Registration/Waiver Form

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

TCSA Camps	Camp Time: Monday-Friday	T-Shirt Size
<input type="checkbox"/> Week 1 June 21-25	9 am – 11 am	<input type="checkbox"/> Youth Small
<input type="checkbox"/> Week 2 July 12-16	9 am – 11 am	<input type="checkbox"/> Youth Medium
<input type="checkbox"/> Week 3 July 19-23	9 am – 11 am	<input type="checkbox"/> Youth Large
<input type="checkbox"/> Week 4 August 2-6	<input type="checkbox"/> 9 am – 11 am <input type="checkbox"/> 9 am – 1 pm	<input type="checkbox"/> Adult Small
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 Signature: _____

Date: _____



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