

COME LEARN THE GAME THE RIGHT WAY  
8- 90 MINUTE  
WEEKLY SESSIONS

2018

**PEAK  
YOUTH  
DEVELOPMENT  
PROGRAM**

**A BEGINNER SOCCER PROGRAM  
YOUTH AGES 8-12 YEARS OLD**

**DRAFT**



**COST:**  
**\$120/ 1ST PLAYER**  
**\$80 / 2ND PLAYER**  
**(T-SHIRT INCLUDED)**

**FALL  
PROGRAM**

**SEPTEMBER 12-OCTOBER 29\***  
**WEDNESDAY EVENINGS**

**PBC Linear Soccer Fields**  
**6402 E. Rockton Rd Roscoe, IL**  
**5:30P-7:00PM**

**PYDP DEVELOPED BY  
WORLD CUP SOCCER PLAYER &  
PEAK SOCCER ACADEMY COACH**



**COACH  
JEAN-PIERRE "JP"  
TOKOTO**



\*No session on 10/31. Session will be held 10/29 instead. \*\*Rain Date: 11/7  
QUESTIONS: COACH LUCIO ALDANA (en Espanol): 815. 222.9333

TO REGISTER AND DOWNLOAD FORMS:  
[WWW.PEAKSOCCERACADEMY.COM](http://WWW.PEAKSOCCERACADEMY.COM)



**Player Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Year of Birth:** \_\_\_\_\_ **Level:** Rec **Club** **Position** \_\_\_\_\_

Shirt Size (please circle one): YS YM YL YXL AS AM AL AXL

First \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Parent/Guardian - Contact Information**

Parent/Guardian  
First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Medical Release Information**

Insurance Information  
Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

**Parent's/Guardian's Initials** \_\_\_\_\_

I understand that Peak Soccer Club will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

**Parent's/Guardian's Initials** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

CHECKS PAYABLE & MAIL REGISTRATION TO: **PEAK SOCCER ACADEMY**  
**ATTN: PYDP**  
**PO BOX 1127**  
**ROSCOE, IL 61073**



DRAFT