

PEAK YOUTH DEVELOPMENT PROGRAM

A BEGINNER SOCCER PROGRAM
FOR BOYS & GIRLS AGES 6-12 YEARS OLD

LEARN
THE
GAME



SESSIONS:

WEDNESDAY NIGHTS
APRIL 17-JUNE 5, 2019
5:30PM-6:30PM

LOCATION:

PCB LINEAR SOCCER FIELDS
6402 ROCKTON RD
ROSCOE, IL

COST:

\$120.00 (1ST PLAYER) \$80 (2ND PLAYER)
INCLUDES A T-SHIRT

60 MINUTE SESSIONS FOR 8 WEEKS
REGISTRATION & PAYMENT DUE BY APRIL 3, 2019

QUESTIONS:

COACH LUCIO: 815. 222.9333

DEVELOPED BY WORLD CUP PLAYER & PEAK SOCCER ACADEMY SOCCER COACH



Peak Youth Soccer Developmental League was developed by our coaches at Peak Soccer Academy under the guidance of Jean Pierre Tokoto.

J.P. is a retired Cameroonian professional footballer who competed for the Cameroon National Football team at the 1982 FIFA World Cup.

In 2006, he was selected by the Confederation of African Football as one of the best 200 African football players of the last 50 years.



DOWNLOAD FORMS AT:
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





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.