



SCHOOL OF EXCELLENCE
Training Program: SPRING SESSION 1

Groups: U-09 / U-10 / U-11 & U-12 / U-13 / U-14 (Please circle appropriate group)

PLAYERS WILL BE PLACED IN TO AGE / DEVELOPEMNTNALLY APPROPRIATE GROUPS

Location: Thornbury Soccer Park, 1200 S. Westtown Road, West Chester PA

Times: U-09 / U-10 / U-11 = 4:30 PM - 6:00 PM & U-12 / U-13 / U-14 = 6:00 PM - 7:30 PM

Class Dates & Topics: \*\*\*Please check which class or classes you would like to attend\*\*\*

- Friday March 28th: DYNAMICS OF GROUP DEFENDING
Friday April 4th: THE ART OF CROSSING
Friday April 11th: FINISHING/SCORING MASTER CLASS
Friday April 18th: NUMBERS UP / OVERLOADING (Attacking with advantage)

WCUSC Player Rate: \$15 per class or \$50 for all four Spring Session 1 Topics

Non-WCUSC Player Rate: \$25 per class or \$85 for all four Spring Session 1 Topics

PLAYER REGISTRATION

Name of Player: Date of Birth:

Address:

City: State: Zip:

Home Phone: Mobile Phone:

E-mail Address(es):

Emergency Contact: Phone:

Gender: Female Male Current Team:

Comments or Special Requests:

Standard Release: I certify that my child enrolled above is in excellent health and may participate in strenuous activities including soccer. I agree to hold West Chester United Soccer Club, and its servants, agents, and/or employees and contractors harmless from any and all claims from injuries to my child during his or her participation in this program. Permission is hereby granted to West Chester United Soccer Club, for my child to receive emergency medical treatment if needed. I also certify that there are no limits to my child's participation except as stated in writing and included with this registration.

Signed: (Parent/Guardian) Date:

To reserve your place in the program, please send this form including your check (payable to WCUSC) to WCUSC School of Excellence - P.O. Box 5, Westtown PA 19395.

For internal use: Check No. Amt. Pd. Date Received