



The Soccer Institute

Winter Skills Training

Registration Form

Soccer Institute
 PO Box 945
 Chardon, OH 44024
 PHONE: (440) 708-6053
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INFO@TheSoccerInstitute.com

Program Description: The Soccer Institute - Winter Indoor Soccer Skills Training Program is designed to provide professional soccer skills training for Boys & Girls ages 4-18. Players are grouped by age/ability into 1hr. and 15 minute time slots. Training times are Sunday afternoon between 1-7pm. Mark Mallon (USSF A licensed Coach) and Director of TSi will personally train the players to improve ball control, dribbling, passing, receiving, shooting, and teach small group tactics. Each training session typically provides players ONE THOUSAND touches on the ball...and the session concludes with a game. Enrollment is limited !

Program Tuition: Please box: Enroll in a single session for \$125 or (2) sessions for \$225 or all (3) for \$295

- \$125 Select ONE Session Session I Session II Session III
 \$225 Select TWO Sessions Session I Session II Session III * DISCOUNTED RATE
 \$295 Select THREE Sessions Session I Session II Session III * DISCOUNTED RATE

- Session I \$125 (6 week skills training program). Sundays Nov. 16, 23, 30, Dec. 7, 14, 21 at Perry Middle School Gym.
 Session II \$125 (6 week skills training program). Sundays Jan. 4, 11, 13, 25, Feb. 1, 8 at Perry Middle School Gym.
 Session III \$125 (6 week skills training program). Sundays Feb. 15, 22, March 1, 8, 15, 22 at Perry Middle School Gym.

Perry Middle School: One Success Blvd. Perry, OH 44081 (Behind the Perry HS building main campus.)
 20 minutes from Chardon Park: 44 N, Rte 2 E, Rte 20, to R on Middle Ridge - Right on Center st. Left into Perry Schools.

Directed by Mark Mallon - a former Yale and University of California - Berkeley Division I college soccer coach, holding the USSF A license, NSCAA Premier Diploma, FA Badge - England, FA Badge - Scotland, and Director TSi Premier Soccer Club

"TSi" - The Soccer Institute: CALL (440) 708-6053 for information or to enroll by phone with credit card in 5 minutes!

The Soccer Institute Winter Skills Training Program Registration Form: **TSI NAVY Logo Shirt FREE if paid in full by 10/30.**

Player's First Name: _____ Last Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Cell MOM: () _____ Cell DAD: (440) _____

E-mail Mom: _____ Email Dad: _____

Player's AGE/Date of Birth: ____/____ Mother's Name: _____ Father's Name: _____

Medical/Liability Release: *READ CAREFULLY THIS IS A MEDICAL AND LEGAL LIABILITY RELEASE: I am the parent or legal guardian and give consent for the participant to engage in vigorous athletic sports activities and acknowledge the inherent risks; and hereby swear to hold harmless The Soccer Institute, TSi Premier, coaches, administrators, agents, AND affiliates and sports facilities used including, but not limited to The Soccer Institute, Chardon City Schools, Parks and soccer fields, Chardon and Hambden Township Parks and Recreation, Perry Schools and Parks and Mentor Heisley Indoor Soccer. I personally assume all medical and legal liability for any physical, emotional, or other damage to person or property while engaging in soccer, fitness, or any other club activities and while in transit to or from any club activity. I authorize TSi, CSC, and The Soccer Institute coaching staff, administrators, or designee to act in loco parentis for emergency medical care and transport my child if I am not present. I authorize use of any club digital photos/video of participant on Website and promotional flyers or print material and recognize that photos are the property of The Soccer Institute, TSi, CSC, or the photographer. I understand that there are No refunds unless the program is cancelled by The Soccer Institute.

Parent/Guardian Signature is REQUIRED FOR PARTICIPATION: _____ Date _____

Fees Due with Application:

Tuition Fee: \$ _____

Credit Card Fee \$5 \$ _____

TOTAL amount paid: \$ _____

Please include check with application payable to: "The Soccer Institute"



We accept credit cards.
 \$5 Credit Card Fee added to total.

Card Number _____
 Exp. _____ Security 3 digit Code (Back) _____
 Street Address _____ Zip _____
 Cardholder Name _____
 Cardholder Signature _____

For Office Use:

Date Received: _____

Payment Received: _____

Date: _____

Amount: _____

Check #: _____

Credit Card: _____

Enrollment Status: _____