

# PARENTAL CONSENT FORM

To enable the University of Illinois Medical Center at Chicago to provide prompt care to your minor son/daughter in the event of an emergency, we must have a newly completed Parental Consent Form on file each year. This completed and signed form allows us to help your child without delay, in the event of an emergency. (Please print or type)

Name of Minor \_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Insurance Company \_\_\_\_\_ DO NOT OMIT THIS INFORMATION

Name on Insurance Card \_\_\_\_\_

Policy# and/or Group # \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Date of Last Tetanus Toxoid: \_\_\_\_\_ DO NOT OMIT THIS INFORMATION

## MEDICAL INFORMATION

Allergic Reactions: \_\_\_\_\_

Medication Presently Taking: \_\_\_\_\_

Past Illness or other information that would be useful in the event treatment is necessary: \_\_\_\_\_

## EMERGENCY NUMBERS

Father—Home/Work/Mobile \_\_\_\_\_

Mother—Home/Work/Mobile \_\_\_\_\_

Name and phone number to call if parents cannot be reached \_\_\_\_\_

### PLEASE CHECK ONE OF THE FOLLOWING OPTIONS AND SIGN

I grant permission to the director, assistants or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia) to be rendered to said minor by a licensed physician or nurse.

I authorize limited care as follows:

Full name of father/guardian \_\_\_\_\_

Full name of mother/guardian \_\_\_\_\_

I, \_\_\_\_\_, declare that I am the Father/Mother/Guardian of the above named minor. (Circle correct title)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you find out about the Center of Excellence?

Word of Mouth  Coach  Internet  Direct Mailer  Specific Publication \_\_\_\_\_



Group & Team Rates Available - Contact the Soccer Office!

# JOHN TRASK TOTAL SOCCER'S CENTER OF EXCELLENCE

## 2010 Winter Sessions



January - March  
Boys and Girls  
Junior Session, Ages 4-12  
Senior Session, Ages 13-18



## Register Online

[johntrasktotalsoccer.com](http://johntrasktotalsoccer.com)

John Trask Total Soccer  
PO Box 803170  
Chicago, IL 60680-3170

# OVERVIEW

## What is a Center of Excellence?

The idea of a Center of Excellence is to provide players a training environment where they can realize their goals of improving as a "Total Soccer Player." Top level training along with advanced methods, allows a youth player potential growth in areas that normal team training does not allow. This concept is about the player's development in all facets of the game. Players will be grouped by ability as well as age to provide the best learning environment for each player. Technical demands put onto players will bring about a better technical and tactical awareness of all participants.

## Why be involved with a Center of Excellence?

Centers of Excellence are a brand of training developed in Europe and utilized all over the world. Players meet with top level coaches who provide the extra information and training for players who are striving to be the best. To advance as a player, two team training sessions per week does not allow for enough touches of the soccer ball to become a better player. Our training sessions provide that extra opportunity athletes need to stay on top of their game. UIC's Center of Excellence also provides youth players the opportunity to develop relationships with Division I college soccer players as well as Coach Trask and his first rate staff.

## Total Soccer Player Approach

*I have visited many of the top Academies and Centers of Excellence around the world and spent time with some of the top clubs including Ajax, Manchester United, Fulham, Aston Villa, Feyenoord and Red Star. Through my discussions with top academy directors and coaches I have developed a curriculum and teaching technique to improve every player who comes through the program. I have put together a staff of top level collegiate player's and will be utilizing members of my UIC staff. They will demonstrate and relate their passion for the game . We welcome the opportunity to improve your son or daughter's ability as a "Total Soccer Player."*

**Sincerely,**

John Trask

Head Coach, UIC Soccer



# ENROLLMENT INFORMATION

## Dates

The Center of Excellence Winter Session will consist of nine (9) training sessions. Dates are as follows:

**6:15-7:45 p.m. Fridays Nine Sessions**

**Boys & Girls Junior Session**

**Ages 4-12**

**January: 22, 29**

**February: 5, 12, 19, 26**

**March: 5, 12, 19**

**7:30-9:00 p.m. Fridays Nine Sessions**

**Boys & Girls Senior Session**

**Ages 13-18**

**January: 22, 29**

**February: 5, 12, 19, 26**

**March: 5, 12, 19**

**Special Group and Team Rate Available  
Contact the Soccer Office for Pricing!**

## ENVIRONMENT

UIC's athletic facilities provide the perfect training environment for the development of a "Total Soccer Player." The Physical Education Building includes a 60 yd x 70 yd large gym, a small gym and racquetball courts if the weather or curriculum call for those environments. In addition, Flames Field and other areas located on UIC's South Fields provide multiple outdoor training areas. In addition, These training options allow the staff to create unique, challenging and fun training activities for each player.

## CURRICULUM

Special Emphasis on Higher Level Skill Training  
Soccer, Tennis and other training activities geared toward developing good skill rather than just good technique  
Individual and Small Group Tactics  
Transition Training for Speed of Thought and Speed of Play  
Speed, Agility and Coordination Training

## ABOUT COACH TRASK AND UIC SOCCER

Has coached at all levels of soccer in the United States—youth, high school, college and professional.  
Has worked with the U-17, U-18 and U-21 US National Teams and scouted for the Men's National Team.  
Has worked with 7 Big Ten Players of the Year, 18 College All-Americans and 3 Collegiate Players of the Year.  
Has coached 4 Honda MVP's and 2 Budweiser Scoring Champions in Major League Soccer (MLS)  
Attendance at UIC Soccer has risen 675% since the start of the 2005 season (Coach Trask's first at UIC)

# WINTER SESSION APPLICATION

Enroll my:  Son  Daughter

Last Name

First Name

Middle Initial

Address

City

State

Zip

Home Phone

Cell Phone

Age at session start

Date of Birth (MM/DD/YYYY)

Parent EMAIL address - **DO NOT OMIT**

Participant's Email address

Grade 2009/10

Name of School 2009/10

Name of Club Team

## CENTER OF EXCELLENCE FEES & PAYMENT INFORMATION

**SPECIAL GROUP/TEAM RATES AVAILABLE**

**SAVE TIME...REGISTER ONLINE AT [johntrasktotalsoccer.com](http://johntrasktotalsoccer.com)**

**(Make checks payable to John Trask Total Soccer)**

COE Junior Session \$210.00

COE Senior Session \$210.00

Total: \_\_\_\_\_

Method of Payment

Check

Visa

Mastercard

Discover

Credit Card #

Exp. Date

Name on Card

Signature

**REGISTER ONLINE at [johntrasktotalsoccer.com](http://johntrasktotalsoccer.com)**

or mail the completed application and signed parental consent form to:

**JOHN TRASK TOTAL SOCCER**

**PO Box 803170**

**Chicago, IL 60680-3170**

**EMAIL: [Info@johntrasktotalsoccer.com](mailto:Info@johntrasktotalsoccer.com) \* WEB: [johntrasktotalsoccer.com](http://johntrasktotalsoccer.com)**