

HS SKILLS TRAINING
 Individual ball skills taught by professional coaches from FC Peoria. Each week includes skill drill work, activities utilizing skills learned, and concludes with a short game. Three different **6-week sessions** run November through March. **Cost is \$50 per session or \$135 for all 3 sessions.** Advance registration is preferred but sign-up is available the first night of each session.

GRADE	DAY	TIME	SESSION 1	SESSION 2	SESSION 3
High School U15-18	Mon	7:30-8:30	Nov 9-Dec 14	Jan 4-Feb 8	Feb 15-Mar 22
High School U15-18	Tue	7:30-8:30	Nov 10-Dec 15	Jan 5-Feb 9	Feb 16-Mar 23

HS F.A.S.T.E.R
Footwork • Acceleration • Speed • Timing • Endurance • Recovery
 The F.A.S.T.E.R. program improves overall athleticism through a variety of speed and agility exercises performed with various specialty equipment. Players rotate through several stations according to age group after a short warm-up.
Three 6-week sessions are offered November through March- Mon, Tues, or Thurs @ 6:30. Cost is \$45 per session or \$120 for all 3. Advance registration is preferred but sign-up is available the first night of each session.

GRADE	DAY	TIME	SESSION 1	SESSION 2	SESSION 3
All ages	Mon	6:30-7:30	Nov 9--Dec 14	Jan 4-Feb 8	Feb 15-Mar 22
All ages	Tue	6:30-7:30	Nov 10-Dec 15	Jan 5-Feb 9	Feb 16-Mar 23
All ages	Thu	6:30-7:30	Nov 12-Dec 17	Jan 7-Feb 11	Feb 18-Mar 25

FC Peoria BOYS 6v6 HIGH SCHOOL Soccer League
 Sunday evenings 6:00-10:00, 6 games, 6v6, \$275
 Deadline is Tue Nov 3 for session 1-schedules Nov 5
 Session 1 Nov 8-Dec 20; some Sat if necessary/request
 Session 2 Jan 10-Feb 28; some Sat if necessary/request
 Deadline is Tue Jan 5--schedules emailed Thurs Jan 7
 DOWNLOAD TEAM REGISTRAION FROM AT
 FCPEORIA.COM UNDER FORMS LINK



FC Peoria HS GIRLS 6v6 HIGH SCHOOL League
 Saturday afternoons 2:00-5:00, 6 games, 6v6 \$275
 Deadline is Tue Nov 3 for session 1-schedules Nov 5
 Session 1 Nov 7-Dec 19
 Session 2 Jan 9-Feb 28
 Deadline Tue Jan 5-schedules Jan 7
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 FCPEORIA.COM UNDER FORMS LINK

For additional information on our HS/Adult tournaments & leagues visit FCPEORIA.COM, call 309.579.3535 or email FCPeoria@verizon.net.
REGISTRAION FORM

Check box with your selections

✓	GRADE	ACTIVITY	DAY(S)	TIME	1	2	3	ALL 3	TOTAL \$
	High School	F.A.S.T.E.R.-6 wks	MON	6:30					
	High School	Skills-6 weeks	MON	7:30					
	High School	F.A.S.T.E.R.-6 wks	TUE	6:30					
	High School	Skills-6 weeks	TUE	7:30					
	High School	F.A.S.T.E.R.-6 wks	THUR	6:30					

WINTER INDOOR SOCCER CAMP SKILL MASTERY

Monday-Tuesday Dec 28-29

- PreK-K 10:15-12:15 \$35
- 1st-4th 10:15-12:45 \$35
- 5th-8th 10:15-12:45 \$35

Skill Mastery Camp focuses on individual ball skills, 1v1 competition, skill tests, obstacle courses and concludes with scrimmage games. SNACK/BEVERAGE/VIDEO Break



Player's Name _____ Male ___ Female ___ Grade ___ Birth Date ___/___/___
 Parents _____ Allergies or Special Needs _____
 Address _____ City, State, Zip _____
 Phone (H) _____ (C) _____ Email Address _____
 Beginner ___ Intermediate ___ Advanced ___ School _____ Total Amount Enclosed _____

I would like to volunteer as a coach or assistant coach for FC Peoria Youth Soccer League. Name _____

Make check payable to and mail to: FC Peoria Youth Soccer League, P.O. Box 294, Mossville, IL 61552

I give permission for my minor child, named above, to participate in the above youth soccer program(s) ("Program") and verify that my child has had a recent medical examination and is able to engage in strenuous physical activity. I acknowledge that my child will be engaging in activities that involve risk of serious injury or death. I waive all claims against River Cities Soccer League, FC Peoria, and Midwest Sports Complex, LLC, and their members, coaches, officers, directors, agents, employees and referees appointed by them (the "Soccer Parties"), and further agree to indemnify and hold harmless and defend the Soccer Parties from all claims, for any injuries to my child that relates to his/her participation in the Program. If a parent cannot be contacted in case of serious injury or illness, I authorize the Soccer Parties or persons appointed by them to supervise the events, to obtain a physician to administer emergency treatment and, if necessary, transport my child to the nearest medical facility.

Parent/Guardian Signature _____ Date _____