



EDP

ELITE DEVELOPMENT PROGRAM

FALL/WINTER/SPRING 2019-20

Conacher Athletics EDP is a skills development program for identified players

BORN IN	GROUP	DAYS	TIMES (1hr)
2012/13	Boys	Sun	10:00am
2012/13	Boys	Thurs	5:30pm
2010/11	Boys	Sun	11:00am
2010/11	Boys	Thurs	6:30pm
2007/08/09	Boys	Thurs	7:30pm

★ Weeks of coaching by our technical staff, led by Technical Director, Shawn Faria (Fall, Winter = 12, Spring = 6)

- **Fall Session** is week of Sept 29 - week of Dec 15 (no blackouts)

- **Winter Session** is week of Jan 5 - week of *Mar 22

*NO Sessions during March Break

- **Spring Session** is week of Apr 12 - week of *May 17

*NO Sessions on Easter Sunday

★ Elite training for identified players

★ Learn the basics, improve your skills & grow as a player

★ Have fun and develop knowledge of the game

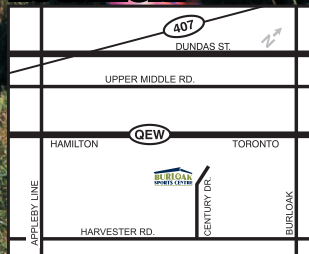
★ Players will perform at their maximum physical, psychological, technical and tactical potential!

★ Programs held on Burloak Sports Centre's state-of-the-art turf!

★ EDP t-shirt included



LOCATION:



952 CENTURY DR, BURLINGTON, ON L7L 5P2

Programing is provided by:

Shawn Faria

- Soccer Scholarship, University of Louisville, Team Captain
- Professional playing experience: Toronto Lynx, Team Captain
- Trained with 2nd Division Team in Portugal-Fatima
- Provincial B License
- Oakville S.C. Mentor Coach & Academy Coach
- Winstars Soccer Academy, Girls Academy Director

and his Technical Coaching Staff

PRICING

Per Program, Per Session, All-in

Fall or Winter **\$265** (12 weeks)

Spring **\$160** (6 weeks)



Registration forms are available online at

BURLOAKSPORTSCENTRE.CA

or at the Burloak Sports Centre.

Contact us @ 905-631-0000 ext. 200
or kristin@burloaksportscentre.ca





REGISTRATION FORM (Please print)

Once completed, please fax to 905-631-0001 or drop off at Burloak Sports Centre (952 Century Dr., Burlington, ON L7L 5P2)

EDP - FALL/WINTER/SPRING 2019-20

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____

E-mail: _____

How did you hear about this program?: _____

Level of Soccer played last year:

- Did not play
- House League
- Rep
- Other _____

★ Which Age and Program(s) are you registering for?:

	BORN IN	GROUP	DAYS	TIMES (1hr)
<input type="checkbox"/>	2012/13	Boys	Sun	10:00am
<input type="checkbox"/>	2012/13	Boys	Thurs	5:30pm
<input type="checkbox"/>	2010/11	Boys	Sun	11:00am
<input type="checkbox"/>	2010/11	Boys	Thurs	6:30pm
<input type="checkbox"/>	2007/08/09	Boys	Thurs	7:30pm

- ★ Fall Session is week of Sept 29 - week of Dec 15 (no blackouts) 12 weeks
- Winter Session is week of Jan 5 - week of *Mar 22 12 weeks
**NO Sessions during March Break*
- Spring Session is week of Apr 12 - week of *May 17 6 weeks
**NO Sessions on Easter Sunday*

Pricing: Fall or Winter Session: **\$265.00 All-in**
 Spring Session: **\$160.00 All-in**

ALL CREDIT CARD TRANSACTIONS WILL INCUR A 3.2% PROCESSING FEE ABOVE PRICE AND TAX.

Payment Options: Cash Cheque (Payable to Conacher Athletics Club) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____ CVD/CVV: _____

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$35 SERVICE CHARGE.

THE UNDERSIGNED IS RESPONSIBLE FOR THE CONDUCT OF THE PLAYER WHILE PARTICIPATING IN THIS PROGRAM. THE PLAYER SHALL BE GOVERNED BY THE RULES ESTABLISHED BY 2212336 ONTARIO LIMITED. MISSED CLASSES WILL NOT BE REIMBURSED. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OR LEGAL GUARDIAN SHALL NOT HOLD 2212336 ONTARIO LIMITED OR THEIR INSTRUCTORS, ADMINISTRATORS, OFFICIALS, OR THE FACILITY USED LIABLE IN THE EVENT OF INJURY OR LOSS IN ANY MANNER WHATSOEVER. I SPECIFICALLY WAIVE, GIVE UP AND RELEASE 2212336 ONTARIO LIMITED, ITS RELATED COMPANIES AND THEIR STAFF FROM ALL LIABILITY FOR ANY CLAIM FOR DAMAGES WHICH I MAY HAVE RELATING TO INJURIES OR ILLNESS THAT MY CHILD MAY SUSTAIN. BY SIGNING THIS WAIVER, I ALSO CERTIFY THAT MY CHILD IS IN GOOD HEALTH, WITH NO CHRONIC ILLNESS OR ABNORMAL TENDENCIES. THE PLAYER LISTED ABOVE IS REGISTERED UNDER THE CARE OF THE UNDERSIGNED AND ASSUMES ALL RISKS THROUGH ENROLLMENT IN THIS PROGRAM WHICH CONSISTS OF PHYSICAL INTERACTION CAPABLE OF INJURY. THE PLAYER MUST WEAR ALL APPROVED SOCCER EQUIPMENT INCLUDING SHIN PADS. I HAVE READ AND UNDERSTAND ALL ITEMS ON THIS PLAYER FORM. I UNDERSTAND THAT I AM PERMITTING 2212336 ONTARIO LIMITED TO USE MY EMAIL ADDRESS FOR COMPANY-RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW 2212336 ONTARIO LIMITED AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Parent/Guardian Signature: _____ Date: _____