



**Sporting Futbol Club 2004-2005**  
**F.A.S.T.E.R. PROGRAM**  
**Footwork, Acceleration, Speed, Timing, Endurance, Recovery**



**Information and Registration Form**

- For:** Open to all U14 & older competitive players, Boys and Girls
- Training Program:** The F.A.S.T.E.R. program is designed for the more serious soccer athlete. The goal is to improve players' game speed and agility. The focus is on foot speed and increasing the speed of acceleration through plyometric jumping exercises and speed ladder drills. Players' development will be tracked on an individual basis.
- Instructor:** The instructor for the F.A.S.T.E.R. program is Jason Pena, one of the Sporting FC coaches. Jason played soccer at Sporting FC and was an Illinois State Select ODP team member, played varsity soccer at Dunlap HS for 4 years (All-State his senior year), and played varsity soccer at Judson College for 4 years where he won a National Championship and received All Conference, All Region, and All American honors. He also played for the Colorado Springs Blizzard in the Professional Developmental League during the 2004 season. Jason carries a USSF National D License.
- Location:** Micro Field at the Midwest Sports Complex
- Fees:** \$50 per session (\$40 per session if registration is for all 3 sessions)  
(Fee waivers are available. Call the number below for an "Application for Fee Contribution.")
- Days & Sessions:** Mondays, 7:00 pm to 8:00 pm (1<sup>st</sup> week of each session is 6:30-8:00 to allow for evaluation time)  
**Enrollment limited to 25 players per session**
- Check session(s)**
- \_\_\_\_\_ Session 1: November 15 – December 20 (6 classes)  
\_\_\_\_\_ Session 2: January 3 – February 7 (6 classes)  
\_\_\_\_\_ Session 3: February 21 – March 28 (6 classes)

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male or Female (Please circle) \_\_\_\_\_ Sporting FC Team: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list allergies or special needs: \_\_\_\_\_

**Liability Waiver and Medical Release**

I understand the nature of the Sporting Futbol Club F.A.S.T.E.R. Program and its intent to provide supervised training sessions. Understanding the nature of the activity, I waive all claims against Sporting Futbol Club and Midwest Sports Complex, LLC, and the coaches, supervisors, and referees appointed by any of the foregoing entities for any injury to my child that relates to his or her participation in programs sponsored by said entities. Further, I authorize Sporting Futbol Club and its coaches 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's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Registration Form and Payment to Sporting Futbol Club, P.O. Box 294, Mossville, IL 61552**  
**For additional information about the F.A.S.T.E.R. Program or Sporting Futbol Club**  
**call 309-579-3535 or go to [www.sportingfc.org](http://www.sportingfc.org).**