

# RDS

CHICAGO FIRE SOCCER  
REGIONAL DEVELOPMENT SCHOOLS



## SUMMER ELITE CAMP WITH OLYMPIA FIELDS PARK DISTRICT

TRAIN LIKE A PRO  
TO PLAY LIKE A PRO

5-day Supplementary training program for Competitive Soccer Players (9-18yrs)  
IDEAL PRE-SEASON SOCCER TRAINING FOR THE FALL!

LOCATION	TIME	DAYS	COST
Sgt. Means Park, 20712 Western Avenue, Olympia Fields, IL	4pm-8pm	Mon 13 <sup>th</sup> to Fri 17 <sup>th</sup> July 2009	\$160.00

The **Chicago Fire Soccer RDS Elite Camp** is a unique camp experience designed for the high school/travel player from U9 through to U18. Programs are 4 hours in length per day over 5 consecutive days (Monday to Friday) and focus on advanced training techniques to meet the changing needs of the modern day soccer player. The Elite Camp program will follow a series of daily technical themes selected from a Chicago Fire Elite curriculum and include a number of theory workshops that will give players the necessary tools to take their game to the next level. A core component of the camp is Soccer Fitness, which incorporates the contemporary methods of Speed-Agility-Quickness-Balance (SAQB), ideal physiological preparation for players taking part in a high school or competitive travel club fall season.



The RDS curriculum is very unique because it focuses on the individual player and is designed to enhance technical abilities. The RDS will improve 1<sup>st</sup> touch, a wide variety of soccer moves and encourage confidence and composure on the ball. The RDS Curriculum includes:

#### RDS Individual Session Components:

- 00.00-00.05 Opening & Parent Drop off
- 00.05-00.25 Dynamic Warm-up(Aerobic-Mobility-Skill Specific)
- 00.25-0.45 Ball Mastery
- 0.45-1.05 Speed, Agility Quickness & Balance Training
- 1.05-1.25 1v1 turns/moves
- 1.25-2.25 Daily Learning Outcome
- 2.25-2.55 Theory Workshop & Active Break
- 2.55-3.40 2v2 to 4 v 4 Game application
- 3.40-3.55 Warm-down & Developmental Stretching
- 3.55-4.00 Close, Parent Pick up & Player(s) of the Day Awards

#### RDS Daily Skill Specific Learning Outcomes:

- Day 1: Attacking Space Defenders
- Day 2: Short Passing, Possession & Combination Play
- Day 3: The role of the 1<sup>st</sup> DEF & Defensive Cover
- Day 4: Attacking Play, Heading & Shooting
- Day 5: Chicago Fire Day & Small Sided Game Competition

#### RDS Daily Theory Workshops:

- Day 1: The Essential Tips for Hydration in Soccer
- Day 2: Nutrition in Soccer
- Day 3: Mental Preparation in the Modern Game
- Day 4: Soccer Fitness
- Day 5: Injury Recognition & Identification

**MAIL CHECK/REGISTRATION TO:** Brian Roberts, Toyota Park,  
7000 S Harlem Ave, Bridgeview, IL 60455

**PAY CHECK TO:** Chicago Fire Camps & Training

#### FOR MORE INFORMATION CONTACT:

Ray Cook (708) 802 4100 or visit [www.hfsoccerclub.org](http://www.hfsoccerclub.org)  
Brian Roberts(708) 496-6773 or [broberts@chicago-fire.com](mailto:broberts@chicago-fire.com)

-To house a coach the week of camp call Brian at (708) 496-6773

-Campers receive a Chicago Fire t-shirt and player evaluation

-Shinguards and water bottle required

# RDS SUMMER ELITE CAMP APPLICATION FORM

Online registration now available at [www.chicago-fire.com](http://www.chicago-fire.com)

<b>CAMP LOCATION:</b>			
Name:			
Club Name (Min. Travel)		Team Name:	
Age:		Gender:	Birth Date:
Parent/Guardian Name:			
Address:			
City:		State:	Zip:
Home Phone:		Cell:	
E-Mail Address:			
Emergency Contact:		Phone:	
Family Physician:		Phone:	

ALLERGIES: (List all known)	Allergen	Reaction	Management
Medication			
Food			
Other			

**MEDICATIONS BEING TAKEN:** Please list all medications (including over the counter or non prescription drugs) taken routinely. Bring enough meds to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication. This person takes NO medications on a routine basis (circle one) Yes No

This person takes medications as follows:	Med 1	Dosage	Frequency	Reason
	Med 2	Dosage	Frequency	Reason

**GENERAL QUESTIONS:** (Circle Yes or No, and explain additional information on separate sheets)

Ever been hospitalized?	Y N	Ever had surgery?	Y N	Have frequent headaches?	Y N
Ever had a head injury?	Y N	Ever had ear infections?	Y N	Ever had back problems?	Y N
Skin problems? (e.g., itching, rash, acne)	Y N	Have asthma?	Y N	Had mononucleosis in the last 12 months?	Y N
Had problems with diarrhea/constipation?	Y N	Ever had an eating disorder?	Y N	Ever had emotional difficulties for which professional help was sought?	Y N

This release is made to allow my child to participate in the Chicago Fire RDS. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp.

I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Chicago Fire, Major League Soccer Camps, Major League Soccer, L.L.C., the Homewood Flossmoor Soccer Club Inc and the Olympia Fields Park District and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp.

I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all of its terms.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please tell us how you heard about the RDS program? \_\_\_\_\_

## CAMP FEES

Season	Subtotal Cost	Register	Grand Total
Summer 5 day	\$	1	

T-Shirt Size (check one)			
YL		AM	
AS		AL	

## METHOD OF PAYMENT

Check Amount		Check Number	
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Visa or MasterCard		Card Number	
Expiration Date		Name on Card	

