

# CORE SOCCER ACADEMY 2009 SPRING SHOOTING CAMP

## Program information

Core Soccer is excited to be offering a well needed camp that will focus on a players technical and mechanical concepts of shooting. Correct technique and power when shooting is very important and can be the difference for the player and a teams success. This spring we will be offering a detailed explosive shooting camp that will cover many areas that will help a player to be more consistent, confident and successful in front of the goal. Players will develop a better feel and understanding of placement, angles and shot selection depending on what shooting opportunity arises. We will also cover skill in front of goal to beat defenders and 1v1 with the keepers and accuracy with free kicks.

### Dates

- 2 sessions of 4 weeks or 8 weeks total, on Sundays
- Dates: Session one: March 29, April 5, 12 & 19
- Dates: Session two: April 26, May 3, 10 & 17
- All eight weeks: March 29 - May 17th
- One hour sessions U5-U9 3:00-4:00pm, U10-U13 4:00-5:00pm, U14-U18 5:00-6:00pm
- Locations: Landings Park
- The cost is \$120 per player for all eight weeks. For session one or two the price is \$60 or \$15 per day

- Better technical and mechanics of shooting
- Power Shooting / first touch shooting / set up touch
- Getting in good position / timing of runs
- Shot speed / measuring speed each session
- Skill to beat players, skill to beat keepers
- Attacking floated balls / heading / volleys / half volley
- Shooting with consistency and accuracy

### Spring Shooting Camp 2009 Registration Form

Name: \_\_\_\_\_  
 Team: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian's Name/s: \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_  
 Emergency Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_

<u>Age Group</u>	<u>Days to Attend \$15/day</u>	
____ U5-U9 3:00-4:00pm	____ March 29	____ April 26
____ U10-U13 4:00-5:00pm	____ April 5	____ May 3
____ U14-U18 5:00-6:00pm	____ April 12	____ May 10
	____ April 19	____ May 17

Payment:  Full Camp \$120  Session One \$60  
 Session Two \$60  Per day \$15  
 Ck \_\_\_\_\_ or CC \_\_\_\_\_  
 CC# \_\_\_\_\_

Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Mail to: Core Soccer Academy  
 3534 JFK Parkway, Suite C  
 Fort Collins, CO 80525  
 Fax to: (970) 207-1486 call w/ questions (970) 207-1886



### Parents release for medical treatment:

My child has my permission to play soccer. On my child's behalf I hereby release persons with Core Soccer of liability for injury from risks normally associated with playing or watching soccer. I authorize the coaches or training officials to obtain medical attention for my child in case of any emergency if unable to reach the physician stated below, and I release them from any responsibility for such medical attention.

Parent/Guardian signature: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Please list any known ALLERGIES, DISABILITIES, or MEDICAL PROBLEMS: \_\_\_\_\_

