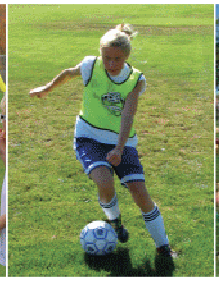
STRENGTHS-BASED SBC COACHING

MLS CAMPS

THE OFFICIAL CAMP AND CLINIC OF MAJOR LEAGUE SOCCER

adidas

NFWASA Player Development Program



DATE	VENUE	AGES	TIMES	PRICE
Beginning 03/03/08 through 05/07/08 Multi week Program	Chisholm Fields Summerfields Blvd. Ft. Worth	Boys & Girls U5/U9 U10/U14	U5/U9 Tues-5:45-7:15 p.m. U10/U14 Mon-5:45-7:15 p.m.	$75.00 For 13.5 hours Sessions are 1.5 hours each

Clinic Highlights

- Short Passing/Directing First Touch
- Passing Angles/Running with ball
- Turning/Spatial Awareness
- Attacking Play
- Creating Space
- The art of finishing
- Dribbling Skills/Fakes
- Passing Skills and Techniques
- Turning/Directional Dribbling
- Creative Play
- Transition Play

A.T.T.A.C.K. Curriculum

- **Attitude:** The Psychological Component – Creating Winners from within.
- **Training:** Ball Work, Dribbling, Passing & Control, Shooting, Tackling
- **Techniques:** Technique, Skill, Functional Training Progressions
- **Awareness:** Decision Making Skills, Positional Sense, Tactical Aspects
- **Competition:** Drive, Determination, Spirit
- **Knowledge:** History of the Game, Rules, Conduct

All participants must bring a soccer ball, shinguards a water bottle and appropriate footwear

Clinic Outcomes

Learning, new/different controlling surfaces | Playing with patience in defense & attack | Importance of practicing new skills | Attitude towards shooting and finishing | Importance of technique | Importance of demonstration form coaches: As the proverb goes " I hear -I forget, I see- I remember, I do….I understand

Player Information

Name:				**Date of Birth:**	
Grade as of September 2007:		**Age:**		**Sex:**	
Parent/Guardian Name:					
Address:					
City:		**State:**		**Zip:**	
Parent/Guardian Name:					
E-Mail Address:					
Home Phone:				**Work Phone:**	
Family Doctor:				**Phone:**	
Allergies (if any):					

NOTE: Attach any pertinent medical records where applicable

This release is made to allow my child to participate in the Major League Soccer Camp and its sponsored events. 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 its sponsored events 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 and its sponsored events.

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 and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Major League Soccer Camps, Major League Soccer, L.L.C., 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 and its sponsored events.

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

Parent/Guardian Signature **Date:**

Reserve your spot at *yourtrainingprogram@hotmail.com*. Include your association, your age bracket, and the day of the session desired. All sessions limited to the first 15 per age group per coach. Additional age brackets will be added at the discretion of the association.

Checks payable to: MLS Camps (due on first session). Bring your registration at that time.

Mail Registration and Check to: (if desired) 1608 Springwood Rd, Flower Mound Texas 75028…

Any Additional Questions: Please contact 800-284-6272 ext 3005 or call 940-293-7166 or email yourtrainingprogram@hotmail.com.