



John Doyle soccer announces the John Doyle Soccer Academy. This is a 6 week program designed for players ages 5-8 years old. This program will focus on all of the fundamental technique necessary for young players to build a fundamental base for their youth soccer experience.

This program is open to all players ages 5-8 years old regardless of where they live.

Below, please find the details for this program and the way to register for this program. We look forward to helping to build this fundamental base for all youth players. This program is limited to 50 players in the 5 and 6 age group as well as 50 players in the 7 and 8 age group.

Program Focus:

This program will focus on agility training, dribbling, 1v1 ability, passing, striking the ball and a basic understanding of the fundamentals necessary for any player to play soccer competently. Players will be introduced to all drills that accentuate these topics in an environment with professional trainers under the guidance of John Doyle.

Dates:

The Academy will be offered beginning in January 2012 for 6 weeks. This will run on Tuesdays and Thursdays.

All Players will participate from 4 - 5:30 p.m. at each session.

Date/Location

Tuesday January 3rd /Mustang Soccer Complex
Thursday January 5th /Mustang Soccer Complex
Tuesday January 10th /Mustang Soccer Complex
Thursday January 12th /Mustang Soccer Complex
Tuesday January 17th /Mustang Soccer Complex
Thursday January 19th /Mustang Soccer Complex
Tuesday January 24th /Mustang Soccer Complex
Thursday January 26th /Mustang Soccer Complex
Tuesday January 31st /Mustang Soccer Complex
Thursday February 2nd /Mustang Soccer complex
Tuesday February 9th /Mustang Soccer Complex
Thursday February 11th /Mustang Soccer Complex

Cost: \$145 per player

Registration: You can fill out the attached form and send this to the address listed below or you can use your credit card to register through www.sportability.com/johndoyle
If you have any questions, please call Fred Wilson at 925-759-6267 or send an e-mail to johndoylesoccer@comcast.net

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I hereby give permission for any and all medical attention to be administered to my child/children _____ in the event of accident, injury, sickness, etc. under the direction of John Doyle Soccer until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Age of Player: _____

Date: _____

Parent Name: _____ Cell _____ Home _____

Email _____

Parent Name: _____ Cell _____ Home _____

Email _____

Insurance Company: _____

Policy Number: _____

Physician: _____ Phone Number: _____

Parent Signature: _____