



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 May 2009 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

Monday May 4th /Mustang Soccer Complex
Wednesday May 6th /Mustang Soccer Complex
Monday May 11th /Mustang Soccer Complex
Wednesday May 13th /Mustang Soccer Complex
Monday May 18th /Mustang Soccer Complex
Wednesday 20th /Mustang Soccer Complex
Wednesday May 27th /Mustang Soccer Complex
Monday June 1st /Mustang Soccer Complex
Wednesday June 3rd /Mustang Soccer Complex

Cost: \$120 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: _____