



### **Pre Tryout Clinic**

JDS camps will run a training program once a week for players ages 8-12 years old. This is open to all players trying out at the U9-U12 level for the 2010 season. This will be run by current professional youth coaches in an effort to properly prepare players for the individual skills necessary for competent soccer success. The details of this program are listed below. This is a second pre tryout clinic open to player preparing for the Division 3 tryout process which begins in April

**Location:** Mustang Soccer Complex 4680 Camino Tassajara Danville, Ca

**Dates:** March 15<sup>th</sup>, March 22<sup>nd</sup>, March 29<sup>th</sup> and April 12<sup>th</sup>

This program will take place from 4-5:30 p.m. p.m. on Mondays for U9-U12 players preparing for the Division 3 tryouts

**Time:** 4:00-5:30 p.m. on the Mustang Complex soccer fields

**Mondays U9-U12**

**Cost:** \$100 per player

**Trainers:**

**All Mustang Certified and Licensed professional coaches**

**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](http://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](mailto:johndoylesoccer@comcast.net)

Address to send a check:  
3000F Danville Blvd. #179  
Alamo, Ca 94507  
888-491-0900



## Registration Form

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: \_\_\_\_\_