



### **Goal Keeper Camp Program**

**Program Overview:** This camp will focus on the technical, tactical and psychological aspects of youth goalkeeping. The following skills will be taught in a positive teaching environment:

Fundamentals of shot-stopping (Handling, footwork and diving)

Positioning

Distribution

Dealing with crosses (end-line crosses and crosses from deeper positions)

1v1 scenarios (positioning, technique and footwork)

Conditioning for youth goalkeepers (agility, flexibility, and co-ordination training)

Dealing with the pass-back

Psychological aspects of youth goalkeeping

(confidence, leadership and concentration)

#### **Program Dates:**

Summer Camps

Week 1: August 10<sup>th</sup>-13<sup>th</sup> 1:00-4:00pm MSC \$140

#### **Costs:**

**Summer Camps 4 days for 3 hours a day \$140**

#### **Goal Keeper Trainers:**

##### **Carl Edwards**

Carl Edwards coaches Mustang Soccer's Goalkeeper Academy following 7 years of collegiate coaching experience. Carl is a USSF "A" licensed professional. Previously, he was the associate head coach and goalkeeper coach at St. Mary's college.

##### **Lance Glossup**

Lance is the current Mustang soccer boys goalkeeper coach

**Registration:** Please fill out the attached form and send into the address listed. You can also register online at [www.sportability.com/johndoyle](http://www.sportability.com/johndoyle) If you have questions, please e-mail [johndoylesoccer@aol.com](mailto:johndoylesoccer@aol.com) All information can be found at [www.johndoylesoccercamps.com](http://www.johndoylesoccercamps.com)



## 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: \_\_\_\_\_