



## **John Doyle Soccer Camp Half Day Clinic for 5-12 Year olds**

JDS camps will run the 5-12 year old half program from 9 a.m. to 12 p.m. during 8 weeks of the Summer 2009. The clinics will be held at the Mustang Soccer complex located at 4680 Camino Tassajara in Danville, Ca.

**Format:** This program will focus on individual dribbling, passing, shooting, defending and receiving skills. Players will work in 1v1, 2v2 and 4v4 formats to emphasize the skills being taught. All players will participate in a game at the end of every session to employ all aspects of skills being taught throughout the sessions.

**Location:** Mustang Soccer Complex 4680 Camino Tassajara Rd

**Dates:** June 22<sup>nd</sup>-26<sup>th</sup>  
July 6<sup>th</sup>-10<sup>th</sup>  
July 13<sup>th</sup>-17<sup>th</sup>  
July 20<sup>th</sup>-24<sup>th</sup>  
July 27<sup>th</sup>-31<sup>st</sup>  
August 3<sup>rd</sup>-August 7<sup>th</sup>  
August 10<sup>th</sup>-14<sup>th</sup>  
August 17<sup>th</sup>-21<sup>st</sup>

**Coaches:** The program is overseen and run by John Doyle, Fred Wilson and Pat Uriz. Additional trainers are also professional coaches as well as high school and college age players to give young players a wide range of instruction and direction.

**Time:** 9 a.m. to 12 p.m. Monday to Friday

**Cost:** \$160 per player per week

**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.johndoylesoccercamps.com](http://www.johndoylesoccercamps.com)

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)



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:\_\_\_\_\_