



### **U9-U10 Winter Training Program**

This is a training program that meets once a week for 8 sessions. This program is designed for girls who want to improve overall skills and soccer knowledge. The first 30 minutes will focus on skill set instruction with regard to individual skills with a ball. The last hour will focus on small sided games and game play to administer tactical instruction and free play.

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

**Dates:** December 1<sup>st</sup>-January 29<sup>th</sup>

This program will meet every Monday and Thursday. U9 players will meet on Mondays and U10 players will meet on Thursdays

\*\*\*\*\*This program will not meet the week of December 22<sup>nd</sup>\*\*\*\*\*

**U10 players will meet on Monday January 26<sup>th</sup> in place of a session on New Year's Eve.**

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

**Mondays U9 Girls**

**Remaining Dates: 1/5, 1/12, 1/19, 1/26**

**Thursdays U10 Girls**

**Remaining Dates: 1/8, 1/15, 1/22, 1/26, 1/29**

**Cost: \$100 per player**

**Trainers:**

**All Mustang Certified and Licensed professional coaches**

**Pat Uriz will oversee the program**

**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 Pat Uriz at 925-786-0551 or send an e-mail to [matrixfutbol@sbcglobal.net](mailto:matrixfutbol@sbcglobal.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: \_\_\_\_\_