



### **College Camp 2008**

**Program Overview:** This program is designed for the college bound soccer player. It is a two week program designed for high school seniors and collegiate athletes. The program will consist of soccer conditioning, technical work, speed work and games to prepare for the college preseason.

**Dates:** July 21<sup>st</sup> – 24<sup>th</sup> and July 28<sup>th</sup>-31<sup>st</sup> from 8 p.m. to 10 p.m. on all nights

**Location:** Mustang Soccer Complex  
4680 Camino Tassajara  
Danville, Ca 94506

#### **Technical Directors:**

Patrick Uriz USSF “B” License and Mustang Soccer Girls Director of Coaching  
Neil McGuire USSF “A” License and UC Berkeley Head Women’s coach  
Brian Zwaschka USSF “A” License and UC Berkeley Assistant Women’s coach  
Joe Owen USSF “A” License and Mustang Soccer Head Coach  
Carl Edwards USSF “A” License and Mustang Soccer Goalkeeper Trainer

**Cost:** \$225 per player for the entire session

**Additional Information:** Players need to be in somewhat of a soccer shape in attending this program. This is not for the recreational player. This is a high level training program designed for the highest level player and run by top caliber club and college coaches. Players unable to perform at the level of this program will be removed from the program. This is available to both boys and girls.

**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 [matrixfutbol@sbcglobal.net](mailto:matrixfutbol@sbcglobal.net)  
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: \_\_\_\_\_