

# Elite Soccer Academy

**WINTER 2009-2010 SOCCER TRAINING**

## ***DO YOU WANT TO IMPROVE YOUR SOCCER SKILLS?***

**Elite Winter** soccer academy is designed to develop and enhance a player's individual technical skills. Our focus is technical skills training emphasizing touch with the ball, technique, footwork, control and creativity.

**Staff:**

All sessions are under the direction of Rick Mullins, Boys Director of the Spokane Soccer Club, and Elite Academy Director. Rick Mullins is currently a United States Soccer Federation nationally "A" licensed, NSCAA Advanced National and National Youth Licensed coach.

**\* The program is open to all Boys and Girls 8-13 years old of all skill levels.**

<b>Age: 8-10 Years Old</b>					
<b>Session</b>	<b>Dates</b>	<b>Days of Week</b>	<b>Time</b>	<b>Location</b>	<b>Cost</b>
Session 1 (6 weeks)	Nov 30 <sup>th</sup> – Jan 13th	Mon/Wed	6:00 – 7:00 pm	Global Fitness	\$115
Session 2 (8 weeks)	Jan 18 <sup>th</sup> – Mar 10th	Mon/Wed	6:00 – 7:00 pm	Global Fitness	\$135
<b>Age: 11-13 Years Old</b>					
<b>Session</b>	<b>Dates</b>	<b>Days of Week</b>	<b>Time</b>	<b>Location</b>	<b>Cost</b>
Session 3 (6 weeks)	Nov 30 <sup>th</sup> – Jan 13th	Mon/Wed	7:00 – 8:00 pm	Global Fitness	\$115
Session 4 (6 weeks)	Dec 1 <sup>st</sup> – Jan 14th	Tue/Thurs	8:00 – 9:00 pm	The HUB	\$115
Session 5 (8 weeks)	Jan 18 <sup>th</sup> – Mar 10th	Mon/Wed	7:00 – 8:00 pm	Global Fitness	\$135
Session 6 (8 weeks)	Jan 19 <sup>th</sup> – Mar 11 <sup>th</sup>	Tue/Thurs	8:00 – 9:00 pm	The HUB	\$135
Session 7 (8 weeks)	Jan 19 <sup>th</sup> – Mar 12 <sup>th</sup>	Tue/Fri	6:00 – 7:00 pm	Global Fitness	\$135

**\*\*\*\* No Training December 21<sup>st</sup> and December 23<sup>rd</sup> \*\*\*\***

**\*\*\*\* No Training December 31<sup>st</sup>. Moved to Monday Dec. 28<sup>th</sup> \*\*\*\***

**Location:** Global Fitness is located at 14210 E. Sprague Ave in the Spokane Valley  
The HUB is located at 19619 E. Sprague Ave in Liberty Lake, Wa

**Registration:** Class size is limited so register early. Registration will only be secured upon receiving payment via mail.

**Refund Policy:** No refund will be given for voluntary withdrawal or after signing up for a session

**How do I sign up?**

**Complete the waiver and return it along with your check to the Spokane Soccer Club and mail it to:  
(No cash please)**

**All participants will receive a FREE T-shirt with their registration**

Rick Mullins,  
C/O The Spokane Soccer Club  
3122 N 11<sup>th</sup> St  
Coeur d'Alene, ID 83815

**All participants must bring a ball, shin guards, water, non skid shoes and a positive attitude**

For More information: Please contact Rick Mullins (208) 818-1790 or email [rickmullins@spokanesoccerclub.com](mailto:rickmullins@spokanesoccerclub.com)

## **Elite Winter Soccer Academy Player Registration:**

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Age: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Chronic Medical Condition \_\_\_\_\_

Academy Participant Birth date \_\_\_\_\_

**SESSION: 1 2 3 4 5 6 please circle**

**T-Shirt Size: YS YM YL AS AM AL AXL**

### **Medical Care, Consent, & Release of Liability**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Spokane Soccer Club. Recognizing the possibility of physical injury associated with soccer and/or the sudden illness in an event, and in consideration for SSC and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify SSC and its affiliated organizations and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the program. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the programs. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable assistance and/or treatment.

**Parent/Guardian Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_