



Core Goalkeeper Academy Fall 2008

WITH COLORADO RAPIDS GOALKEEPER: CHRIS SHARPE

The Fall 2008 Core Goalkeepers Academy training will consist of 6 weeks of progressive training focusing on goalkeeper techniques and quickly advancing individual Goalkeeper standards. Group sizes will be **Maximum** of 8.

- * Training sessions will be 1 hour each for a total of 6 hours of training.
- * 2 Coaches per Group. Great Individual attention each session.
- * Each Group will be categorized to Age and Ability.
- * Have the ability to choose when you train, M/W/F 4-7pm so it fits your schedule.

<p><u>Core Soccer Goal Keeper Coach:</u> Chris Sharpe</p> <p>2008 COLORADO RAPIDS. 2006-07 Viborg FC Danish Premier League Goalie 2005 Chesterfield FC 2004 U23 Australian National Team 2000-01 U20 Australian National Team 2002-04 Northern Spirit & Parramatta Power FC (Australian National League) 2000-01 Southampton FC 1998-99 Blackburn Rovers</p>	<p><u>Coaching Experience:</u> 4 years Australian Goalkeepers Academy Core Goalkeeper Academy</p> <p>Week 1: Basic & Advanced Footwork & Handling Techniques</p> <p>Week 2: Basic & Advanced Handling & Shot Stopping Techniques</p> <p>Week 3: Basic & Advanced Shot Stopping & Crossing Techniques</p> <p>Week 4: Basic & Advanced Crosses & Distribution Techniques</p> <p>Week 5: Basic & Advanced Distribution & 1v1 Techniques</p> <p>Week 6: Basic & Advanced 1v1 & Goalkeeper Speed Work</p>
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<p><u>Core Goalkeepers Academy Fall 2008 Registration Form</u></p> <p>Name: _____</p> <p>Age: _____ M/F _____ DOB _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Parent/Guardian's Name/s: _____</p> <p>Phone (Home) _____</p> <p>Emergency Phone # _____</p> <p>Email Address _____</p> <p>Schedule Conflicts: _____</p> <p>(In order for us to schedule appropriately you must let us know of your schedule conflicts and you will be placed in the appropriate class, possible class times are Monday- Wednesday-Friday 4-7pm)</p> <p>Registration Deadline: September 10th, 2008</p> <p style="text-align: center;">September 22nd – October 31st, 2008 Location: TBA</p> <p style="text-align: center;">\$220 _____</p> <p>Payment: \$ _____ Ck _____ or CC _____</p> <p>CC # _____</p> <p>Exp. Date _____</p> <p>Signature _____</p> <p>Name on Card _____</p>	<p>Parents release for medical treatment:</p> <p>My child has my permission to play soccer. On my child's behalf I hereby release persons with Core Soccer Academy of liability for injury from risks normally associated with playing or watching soccer. I authorize the coaches or training officials to obtain medical attention for my child in case of any emergency if unable to reach the physician stated below, and I release them from any responsibility for such medical attention.</p> <p>Parent/Guardian signature: _____</p> <p>Physician Name: _____</p> <p>Phone: _____</p> <hr/> <p>To register call, fax or email:</p> <p style="text-align: right;">(970) 207-1886 or (800)-939-CORE Fax (970) 207-1486 chris@coresoccer.com</p> <p>Or Mail to: Core Soccer Academy 3534 JFK Pkwy, Suite C Fort Collins, CO 80525</p> <p style="text-align: right;">For additional info or flyers visit: www.coresoccer.com</p>
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