



Core Goalkeeper Academy

2009 SPRING PRE-SEASON SMALL GROUP SESSIONS.

COLORADO RAPIDS GOALKEEPER and CORE GOALKEEPER ACADEMY DIRECTOR & HEAD COACH, CHRIS SHARPE is putting on a 2 week PRE SEASON SMALL GROUP SESSION

With Spring Club and High School season right around the corner, Chris is offering 2 weeks of training prior to the season starting in March. Small Group Sessions will consist of 1 session each week and **YOU** get to choose when you want to train, to fit in with your existing schedules.

Core Goalkeeper Academies Assistant Director of Coaching; Phillip Jackson will also be coaching.

PLEASE GIVE AT LEAST TWO TIMES AND DAYS YOU WOULD LIKE TO ATTEND.

Once registration deadline passes, Chris will group all Goalkeepers according to Age and Ability and send the group listings and a confirmation email.

You will get **TWO, 1 Hour sessions**. If you would like more than two please just let me know and you are more than welcome. We will also run Private and Semi Private Sessions in the times that are left available – just call the Core office for details & availability.

WHERE: - **FOSSIL RIDGE HIGH SCHOOL**

WHEN: - **Mon FEB 23rd / Wed FEB 25th / Fri FEB 27th**

Mon MARCH 2nd / Wed MARCH 4th / Fri MARCH 6th.

TIME CHOICES: - **MON / WED / FRI 4:20pm-5:20pm ONLY (1 HOUR SESSIONS).**

REGISTRATION DEADLINE: - **WEDNESDAY FEBRUARY 16th**

<p>Payment: Full Payment: \$65 _____ (due by February 16th)</p> <p>Ck _____ or CC _____ CC# _____ Exp.Date _____ Signature _____ NameonCard _____</p>	<p><u>Core Goalkeepers Academy 2009 Spring Registration Form:-</u></p> <p>Name: _____ Age: _____ M/F _____ DOB _____ Address: _____ City: _____ Zip: _____ Parent/Guardian's Name/s: _____ Phone (Home) _____ Emergency Phone # _____ Email Address _____ Schedule Preferences: _____</p> <p style="color: blue; font-size: small;">(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 420-520pm)</p>
<p><u>For more information Contact:-</u></p> <p>Office (970) 207-1886 or (800)-939-CORE Fax (970) 207-1486 chris@coresoccer.com Core Soccer Academy 3534 JFK Pkwy, Suite C Fort Collins, CO 80525 For additional info or flyers visit: www.coresoccer.com</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: _____ Phone: _____</p>