



5 DAY MINI CAMP PRE-TRYOUT TRAINING 2008

Core Soccer is offering a five day Pre-Tryout Training camp in May to help players get ready for club tryouts

Pre-tryout training Working on all the areas covered during Tryouts.

- Core skill based system – footwork speed, confident touch, speed w/ball
- Speed of dribble w/out pressure
- Skill to beat player / hesitation moves
- Sharp passing combination
- First touch mastery – bring balls out of the air and under pressure
- 1v1 defending and attacking
- Slide tackling / poke tackle / block tackle
- Correct shot selection – type of shot, angle of shot, placement over power “accuracy before power”
- Tactics of small sided game 4v4/5v5/6v6
- Speed, Agility & Fitness Training “Get Fit”

Core Soccer Training Coaches:

Craig Deacon

4 years pro: Barnsley Football Club (English Div 1)
St. Gregory's University (4 year captain)
English P.F.A Licensed – level 1
W-League Women's Ft. Collins Force Head Coach

Phil Cooper

2 year pro for Reading FC (English Div 2)
St. Gregory's University (4 year)
English P.F.A Licensed – level 2
Head Womens coach at North Western Oklahoma State University

Robb Ball

Three year Core Soccer trainer
Colorado Christian University
National tournament winning coach

To register call, email or fax at
(970) 207-1886, (970) 207-1486 Fax
phil@coresoccer.com , wendy@coresoccer.com

Core Soccer Pre-tryout Training Camp

Core Academy is offering a five day mini pre-tryout camp for boys and girls from the ages of 10 - 18 in Ft. Collins Colorado.

Mini Camp Dates and Times:

May: 19/20/21/22/23

Based on CURRENT age

4:00-5:30pm – U10 boys/girls **\$125**

5:30-7:00pm – U11-U18 boys/girls **\$125**

Camp location: TBA

REGISTRATION DEADLINE: May 5, 2008 or when full

Core Pre-Tryout Mini Camp 2008 Registration Form

Name: _____

Competitive Team: _____

Age: _____ M/F _____ DOB _____

Address: _____

City: _____ Zip: _____

Parent/Guardian's Name/s: _____

Phone (Home) _____

Emergency Phone # _____

Email Address _____

Payment: ____ \$125.00

Ck _____ **or CC** _____

CC # _____

Exp. Date _____

Signature _____

Name on Card _____

Parents release for medical treatment:

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.

Parent/Guardian signature: _____

Physician Name: _____

Phone: _____

Mail To: Core Soccer Academy
3534 JFK Pkwy, Ste C
Fort Collins, CO 80525

For additional info or downloadable flyers visit: www.coresoccer.com