Shuswap Academy Individual Skill Training;

Developmental & Select Players ONLY

Welcome to the 2010 Fall Soccer Season. We are excited to announce we are offering our Academy program again. Technical Director Ezra Cremers will be over looking & coaching in all programs. Ezra brings a wealth of knowledge that will directly relate to your player's experience on the field this fall. If you are looking to reach the next level, join the Shuswap Academy to give yourself every opportunity to be successful. Sign up now before it is too late!

Overview:
This program is created to support our high level players to reach their potential and achieve their goals in soccer. This program is in conjunction with our existing Developmental and Select Team Training.

Objective:
The objective of this program is enhance the individual skills of our higher level players in small group training, allowing our SYSA Select coaches to have more time to focus on team play & tactics in their practices.

Goal:
To strengthen the individual physical and mental skills of our higher level players.

Focus:
Individual skills. How to think ahead. Position specific tactics. Ball control. We will also evaluate each player's strengths and weaknesses, creating a player specific practice plan. Each will be receive a footwork DVD for home practice.

Atmosphere:
Intense and demanding

Head Coach:
Technical Director Ezra Cremers

Off-Field Studies
How to win a Soccer Scholarship; how to play different formations; and player position specifics.

Age	Dates	Time	Duration	Location	Price
U10-U12 Girls	**Sunday Oct 3- Dec 19 2010**	**11:00-12:30pm**	**1.5hrs x 12**	**Indoor Soccer Facility**	**$150.00**
U10-U12 Boys	Sunday Oct 3- Dec 19 2010	11:00-12:30pm	1.5hrs x 12	Indoor Soccer Facility	$150.00
U13-14 Girls	**Sunday Oct 3- Dec 19 2010**	**12:30-2:00pm**	**1.5hrs x 12**	**Indoor Soccer Facility**	**$150.00**
U13-14 Boys	Sunday Oct 3- Dec 19 2010	12:30-2:00pm	1.5hrs x 12	Indoor Soccer Facility	$150.00
U15-18 Girls	**Sunday Oct 3- Dec 19 2010**	**2:00-3:30pm**	**1.5hrs x 12**	**Indoor Soccer Facility**	**$150.00**
U15-18 Boys	Sunday Oct 3- Dec 19 2010	2:00-3:30pm	1.5hrs x 12	Indoor Soccer Facility	$150.00
Keeper Only					
U10-13	**Sunday Oct 3- Dec 19 2010**	**9:00-10:00am**	**1.5hrs x 12**	**Indoor Soccer Facility**	**$150.00**
U14-18	Sunday Oct 3- Dec 19 2010	10:00-11:00	1.5hrs x 12	Indoor Soccer Facility	$150.00

Keepers can join player training at no extra charge

SYSA Academy T-shirt included

Spots are limited. First come; first serve. Sign up deadline: October 1, 2010.

How to register?

1. Fill out registration on back of this form
2. Deliver to the following:

Registrations can be mailed to:
SYSA,
Box 173,
Salmon Arm, B.C. V1E 4N3

Or dropped off at :
Downtown Activity Center
451 Shuswap Street SW

Payment Options

- Payment by cheque or money order ONLY
- Financial assistance is available through "KidSport"
- Applications available at SA Downtown Activity Center.

Contact Us: SYSA Administrator - **phone** (250) 833-5607 and or **e-mail** admin@shuswapsoccer.com
Registration can also be printed off our website at www.shuswapsoccer.com

SYSA Academy Registration Form

It is not necessary to complete all of this form if your player was registered in the spring with the Association; update changes.

Players Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Sex: **M / F** Date of Birth: year / month / day _____ School: _____

Father's Name: _____Home phone _____ Cell phone _____

Mother's Name: _____Home phone _____Cell phone _____

Email: _____ Please provide an email address of an adult to whom tax receipts and ongoing messages may be sent.

EMERGENCY CONTACT - In an emergency when parent/guardian cannot be reached please contact the following:

Name: _____ Relationship: _____ Phone _____

MEDICAL CONCERNS - Any known health problems, allergies or special needs? YES NO

Describe: _____

Physician name:_____ Phone_____

Waiver and Parent consent.

In consideration of the acceptance of my membership in Shuswap Youth Soccer Association, I (parent or Guardian)consent to _____ participating in the activities of SYSA and acknowledge that there are risks associated with such participation.

- I consent to the release of information contained on this form to BC Soccer Association for registration purposes.
- I also acknowledge that it is my responsibility to advise the team coach of any medical condition pertaining to my child's participation in youth soccer.
- I give my approval for my child's photo to appear on the Shuswap Youth Soccer Association web page and or the newspaper. **YES / NO**

Parent or Guardian – please sign: _____ Date:_____

Please circle which program you are registering for:

U11-U12G	(b.2000/1999)	**Goal Keeper Only:**
U11-U12B		
U13-U14G	(b.1998/1997)	**G -girl**
U13-U14B		**B -boy**
U15-U16G	(b.1996/1995)	
U15-U16B		
U17-U18G	(b.1994/1993)	
U17-U18B		

**Please note birthdates!

Office Use Only

Cheque #:_____ **Amount:**_____

Age:_____ **M / F**