



Kimberly Soccer Performance Academy

Hosted by Kimberly High School Boys Soccer



Date: Monday August 1st through Thursday August 4th

Time: 9:00am to 11:30am

Age group: 12 through High school (Soccer training for player's age 8 to 11)

Fee: **\$60.00** (for all who did not attend the June Kimberly camp) **\$40.00** (for anyone who attended the June Kimberly camp)

Site: JR Gerrits (545 S. John St. Kimberly, WI 54136)

Staff: **Carl Gardner, Andrew Sutton** (Kimberly HS coaching staff), **Jason Murphy** (Marion College Women's Head Coach), **Danny Mandrigal** (Creighton U)

The Kimberly Soccer Performance Academy is designed to focus on the technical fitness needs of the soccer player. Developing a good sense of rhythm is key to enhancing the confidence and performance of the players. Our talented and qualified staff along with the assistance of college and high school coaches will put together a quality program for your athlete. We will focus on the basic fitness areas of the game as well as enhancing the first touch skills.

The agenda includes the following; Agility and coordination training, Speed development, Core Development, 1st –touch development training with the Brazilian Ball, technical ball skill development, Functional fitness training and a fun soccer tennis tournament on part of the last day. **We will also offer a finishing academy for those interested in learning how to improve their goal scoring skills.**

Please send this portion with your payment to the address below.

Registration and Waiver

Camper's Name: _____ **Striker Academy ():** _____ **Age:** _____ **Gender:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Competition Level: [] Rec. [] Select [] JV [] Varsity **Gender:** [] Male [] Female

Position: [] Striker [] Flank Midfielder [] Central Midfielder [] Flank Defender [] Central Defender

Any medical issues: _____

Waiver of Liability

I hereby authorize the staff of the Kimberly Soccer Performance Academy to act for me according to their best judgment in any emergency requiring medical attention to my child. I hereby waive and release Kimberly High School and the Kimberly Area School District and its staff and affiliates from any and all liability for any injuries and illnesses incurred while involved at the Kimberly High School Youth Soccer Camp. I hereby warrant that my child is in good health and is able to participate in this program. I have read, agree, and understand the above. (Our staff is not responsible for administering medication to participants.)

Parent/Guardian's Signature: X _____ **Date:** _____

Make checks payable to:
Kimberly High School Boys Soccer
W2662 Kennedy Ave
Kimberly, WI 54136-2339