

Ptah Myers Foot Skills Soccer Camp Hosted by SCCSA

Ptah Myers Foot Skills Soccer Camp will include:

Instruction form current & retired professional soccer players and college coaches Camper to coach ratio approximately 15:1

Age & ability matched groups/teams

US Soccer & NSCAA licensed coaches

Group instruction great for beginner or the advanced soccer player

Coaching for all positions played

Coach's demonstrations

Technical & tactical training

Guaranteed 1000 touches on the ball per day

Foot Skills Camp Daily Schedule

Warm-up technical training (every player with a ball at their feet)

Technical training emphasizing proper technique while doing ball work with speed & control

Progression with each technical session

Tactical progression 1v1, 2v2, 3v3, 4v4 attacking & defending

Introduction to specific tactical formations

3v3 tournaments

World cup tournaments focusing on positions within tactical formations

Curriculum

Expert instruction emphasizing the proper technique of individual skills and the development of fundamentals. Each coach will focus on getting campers multiple touches on the ball. Campers will learn proper techniques on various skills such as: dribbling, passing, shooting, receiving, heading, defending, shielding, crossing, etc. Within their topics, campers will progress from technical training to tactical training. Each camper will learn the details of the position they play. We want the campers to have fun; however, the main focus is teaching the individual skills and techniques needed to become better soccer players. Campers will be put in game situations via 3v3 small-sided games and in world cup tournaments.

2013 Ptah Myers Foot Skills Soccer Camp

Ptah Myers Foot Skills Soccer Camp Times & Prices:

August 5-9

The camp will run Monday thru Friday

Day Camp | 9:00 AM to 12:00 PM | Boys & Girls, Ages 4-14 (\$130 per campers, \$115 if campers signs up before May 15)

Each camper will be given a camp T-shirt and a soccer ball

Field Location:

Tino Leto Fields

Directions to Tino Leto Fields: http://www.sccsasoccer.com/fieldupdates/tlfdirections.htm



Registration Form

| Name: | Age: | Sex: Male Female | |
|--|--|---|----------------------------|
| Address: | | | |
| City: | State: | Zip: | |
| Parent/Guardian: | | | |
| Email: | | | |
| Home Phone: | | | |
| Mobile Phone: | T-Shirt Size: | | |
| Club Team Name: | | | |
| Position: ☐ Field ☐ Goalkeeper | | | |
| Playing Level: \square Rec \square Club \square Hig | h School Graduation Year: | | |
| Session (s) Attending: | | | |
| ☐ Ptah Myers Foot Skills Camp A | August 5-9 Day Camp | | |
| To Enroll 1. Return completed registration 2. Mail to: Ptah Myers Foot Skills Confirmation packet will be mails must be made out to Ptah Myers | Soccer Camp; 3926 Manor Stree ed 2 weeks before camp. Checks | | occer Camp Hosted by SCCSA |
| I hereby agree to the following st which is hereby acknowledged, I applications) hereby grant and co and to record my child's name, like and all photographic images and grant to Ptah Myers, its advertise rights to use the above mentione not limited to, external or internator educational, historical, archival limitation, consistent with the mirights to the sound, still, or moving compensation for my/ or my child | (as the parent or legal guardian or new to Ptah Myers all right, title seness, image, voice, statements video or audio recordings made rs, customers, agents, successor d sounds, still, or moving images all print media or posting on the leal, promotional, advertising, or os ssion of the Ptah Myers. I agree ig images belong to Ptah Myers. | of the camper named in this e, and interest in s, and/or writings including all by Ptah Myers. I further is and assigns, unrestricted is in any medium, including bunternet and World Wide Webther purposes, without that all intellectual property I agree that I shall receive no | ny ut b, |
| Participant's Name Signature of Parent/Guardian | | | . A |
| | IDEUE | | II Acdder |
| Release for Medical Treatment | | | |
| (Application will not be complete | until signed and returned.) | | |
| List any conditions that physicians | = | | |
| Does your child have allergies to | | | |
| Insurance Coverage for accidenta | | pants. If, at the time of the | |
| injury, no family insurance exists; | | | ms, |
| conditions, limitations and exclus | ions. | | |
| Ins. Co. Name | | | |
| Policy Holder | | | |
| Policy Number | | | |
| A permission signature is necessa | rv to allow our doctors to admir | nister treatment in the event | of |
| accident or illness. Parent/Guardi | • | | |
| | mergency phone (day) | | |
| (night) | | | |
| I hereby authorize any medical tro | eatment which may be advised o | or recommended by the | |
| attending physician of: (Camper's | • | • | |
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| Release and Waiver of Liability (I | | os to act for me in accordance | e |