



Spring Break 2 Day Goalkeeper Camp

When: March 31st & April 1st (Monday & Tuesday)

Where: Hobart Fields, Vero Beach, Florida (Home of the Indian River Soccer Association)

Time: 9am to 4 pm (extra early and late hour available for extra)

Directions: Coming from the North: Exit #156 on I-95 to Sebastian, take 512 east to the intersection of 510, turn right on 510, follow 510 to 58th Ave. Turn right on 58th Ave. The Soccer Complex is 1/2 mile down on your right.

Coming from the South: From I-95, take the Vero Beach exit #147, head east about two miles. Turn left (north) on 58th Ave. (King's Highway). Go north 7 miles, the Soccer complex is on your left.

Ages: 9-14 (The camp is co-ed and participants will be divided into appropriate groups relating to age and/ or ability level.)

Focus: Individual development in the Sound fundamentals of Goalkeeping is emphasized.

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|----------------------------------|-------------------|--------------------------|
| * Proper Footwork | * Diving | * Goalkeeping Psychology |
| * Mechanics of Catching the Ball | * Advanced Diving | * Breakaways |
| * Goalkeeping Positioning | * Punch/Parry | * Laws of the Game |
| * Distribution | * Tactics | * Penalty Kicks |

**Price: \$90 for the 2 days (9-4), Includes Lunch and a T-Shirt
\$10.00 for extra late or early hour per day**

Head Trainer: Dan Grimes

- * Goalkeeper for Space Coast Strikers, Semi-Pro Club (FESL League)
- * 4 Time Keeper of the Year in the Mexican League (Real Mexico)
- * Goalkeeper for Belag FC, 3 Time State Cup Champions

Mail Payment: 1843 Plantation Cir SE, Palm Bay, FL 32909 (enclose copy of Release)

Make all Checks Payable to: Extreme Goalkeeping

**Special Guest Trainer: Former England & USA Professional Goalkeeper
Steve Richards**

"You can't be stupid and play goal, but perhaps you must be a little crazy" Jeff Benjamin



Hobart Park

**Extreme Goalkeeping, LLC.
Player Registration Form**

Player Name: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____

City: _____ Zip: _____ Gender: _____ Birth Date: _____

Parent/ Guardian Name: _____

Email Address: _____

Goalkeepers Level of Play (Please Circle One): Comp or Elite

Please Circle Shirt Size: YS YM YL S M L XL

INFORMED CONSENT/INSURANCE NOTICE

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT:

I, the parent/guardian of the registrant, agree that we will abide by the rules of **Extreme Goalkeeping, LLC.** the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in **Extreme GK's** Camp of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent or Guardian Signature

Date



Medical Release Form

I _____ (Parent or Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of an accident, injury, sickness, etc., under the direction of **Extreme Goalkeeping, LLC** and staff, until such time as I may be contacted. I also assume the responsibility for any and all payment of any such treatment. This release is effective for the period of one (1) year from the date given below.

Address: _____

Home Phone: _____ / Cell: _____

Insurance Comp: _____

Policy Number: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Name: _____ Relationship: _____

Phone Number: _____ Alt. Number: _____

*Any Representative of **Extreme Goalkeeping, LLC**.

*A League Representative where my child is playing

Family Physician: _____ Number: _____

Known Allergies: _____ Medication Taken: _____ Amount: _____

Signature (Parent/ Guardian) _____ Date _____

Subscribed and Sworn Before Me,

This _____ day of _____, 200_

Notary Public