

CORE GOALKEEPER ACADEMY

2012 Spring Denver Academy



Spring Academy Description:

- **Core Goalkeeper Academy Director and Head Coach:** Chris Sharpe is running a 6 Week Spring *DENVER* Goalkeeper Academy.
- The **6 Week** program will consist of 1 session a week across 6 Sundays at Dicks Sporting Goods Park.
- Groups will be **MAXIMUM** of 6 Goalkeepers to 1 Coach. Groups will be split, according to age and ability.

Coaches Include:

- **Andrew Current:** Core Goalkeeper Academy Assistant Director.
- **Phillip Jackson:** Core Goalkeeper Academy Assistant Director.
- **Brandyn Bumpas:** Core Goalkeeper Academy Staff Coach.
- **Brent McKim:** Core Goalkeeper Academy Staff Coach.
- **Issa Bissau:** Core Goalkeeper Academy Intern Coach.
- **Chris Sharpe:** Core Goalkeeper Academy Director & Head Coach.

Where: Dicks Sporting Goods Park.

When: Sunday March 25th.

Sunday April 1st – 15th – 22nd – 29th.

May 6th.

Times: 5-6pm – U10 – U12

6-7pm – U13 – U18

Field Numbers: (weekly order): DSGP:

12 - 19 - 23 - 23 - 11 - 11.

Cost: \$180 Full Payment.

\$165 Discount. (By Feb 20th)

Registration Deadline: March 14th 2012.

Early Discount: \$15 OFF Before Feb 20th

Pro Rating and Payment Plan Available.

6 Week Program Topics:

Week 1: Footwork & Handling.

Week 2: Handling & Shot Stopping.

Week 3: Shot Stopping & Crossing

Week 4: Crosses & Distribution.

Week 5: Distribution & 1v1's.

Week 6: 1v1s and Breakaway's.

- **Starting Positions for all Techniques.**

“Core Goalkeeper Academy's Curriculum is built to fit any goalkeeper of any age and ability. From the beginner to the advanced goalkeeper, it will challenge each and every goalkeeper to exceed and excel beyond their own expectations, and help each individual become a well-rounded and polished goalkeeper”.

– Chris Sharpe. Director

CORE SOCCER ACADEMY.

PAYMENT & INVOICING TERMS

All goalkeepers attending the across academy shall be either paid in full or have first half of payment plan paid by payment deadline date and second half of payment plan paid on second deadline date, scheduled in the registration form.

Failure to do so will result in your goalkeepers spot in the camp lost on the payment deadline you chose, with coaching staff given the right of refusal if goalkeeper shows up without completed registration form and payment.

Pro rating is available for all camps at Directors discretion. Pro rating MUST be discussed in advance of camp registration deadline with Director to receive the correct payment on sessions attending. Self pro rating payments are not accepted.

If you have chosen to attend a full camp and sent in completed form with deposit or w/o payment and no pro rating was discussed prior, an invoice will be sent to your email / home address with the following full payment dues:

Over Due Balances / Past Deadline:

7 Day Grace Period Past Deadline.

7-30 days: camp amount + 10%

30-60 days: camp amount + 20%

60+ days: camp amount + 40%

Signed _____

Name _____

Date _____

Form will not be accepted w/o signature.

Core Goalkeepers Academy 2012 Spring Registration Form:-

Name: _____

Age: _____ M/F _____ DOB _____

Address: _____

City: _____ Zip: _____

Parent/Guardian's Name/s: _____

Phone (Home): _____

Emergency Phone #: _____

Email Address: _____

Payment: \$50 Deposit:- _____ Full Payment: \$180 _____ (due March 14th)
OR Discount \$165 _____ (by February 20th)

CK #: _____ or CC _____

CC #: _____

Exp. Date: _____

Signature: _____

Name on Card: _____

PAYMENT PLAN AVAILABLE:

Please Tick for Payment Plan: _____

1st Payment \$90 _____ (Due March 14th)

2nd Payment \$90 _____ (Due April 9th)

PRO RATING PLAN AVAILABLE:

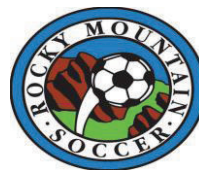
Please Tick for Pro Rating Plan: _____

**** \$30 per session + \$5 to Final Total ****

Number of Sessions: _____

Total Amount: \$ _____

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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: _____

For more information Contact:-

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Website: www.coresoccer.com

Facebook: <http://www.facebook.com/CoreGoalkeeperAcademy>

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