

CORE GOALKEEPER ACADEMY

2012 Spring Fort Collins Academy



Spring Academy Description:

- **Core Goalkeeper Academy Director and Head Coach;** is running an 8 Week Spring Goalkeeper Academy.
- With the Spring Season beginning in March, Chris wants all his young goalkeepers getting the best possible training through-out there Club and High School seasons.
- The **8 Week** program will consist of 1 session a week and the best part is that **YOU** get to choose when you want to train, to fit in with you already existing schedules.
- All groups will be a **MAXIMUM** of 8 Goalkeepers, to 2 Coaches.

PLEASE GIVE AT LEAST TWO TIMES AND DAYS YOU WOULD LIKE TO ATTEND.

- Once registration deadline passes, Chris will group all Goalkeepers according to Age and Ability and send the group listings and a confirmation email.

Coaches Include:

- **Brandyn Bumpas:** Core Goalkeeper Academy Staff Coach.
- **Chris Sharpe:** Core Goalkeeper Academy Director & Head Coach.

Where: C4 Fields. (Corner Lemay & Drake).

When: Begin Week of **MARCH 19th**

End Week of **MAY 11th**

Time Choices: Mon / Wed / Fri

415 – 515pm

515 – 615pm

615 – 715pm

Cost: \$250 Full Payment.

\$225 Discount. (By Feb 20th)

Pro Rating and Payment Plan Available.

Registration Deadline: March 7th 2012.

Early Discount: \$25 OFF Before Feb 20th

8 Week Program Topics:

- Footwork & Handling.**
- Handling & Shot Stopping.**
- Shot Stopping & Crossing**
- Crosses & Distribution.**
- Distribution & 1v1's.**
- 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 and 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: \$250 _____ (due March 7th)
OR Discount \$225 _____ (by February 20th)

CK #: _____ or CC _____

CC #: _____

Exp. Date: _____

Signature: _____

Name on Card: _____

PAYMENT PLAN AVAILABLE:

Please Tick for Payment Plan: _____

1st Payment \$125 _____ (Due March 7th)

2nd Payment \$125 _____ (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: \$ _____

Schedule Preferences:

(Please number the day and time **1** for first preference and **2** for second preference).

Monday 415-515pm: _____

Monday 515-615pm: _____

Monday 615-715pm: _____

Wednesday 415-515pm: _____

Wednesday 515-615pm: _____

Wednesday 615-715pm: _____

Friday 415-515pm: _____

Friday 515-615pm: _____

Friday 615-715pm: _____

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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Fax (970) 207-1486

Email: chris@coresoccer.com

Website: www.coresoccer.com

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

Mailing Address:

Core Goalkeeper Academy

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