



FUTSAL DEVELOPEMENT ACADEMY

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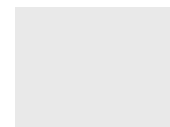
www.futsaldevelopmentacademy.com
www.PtahMyers.com

Summer Schedule

Dates	Time	Location
July 11-15	Day 9PM-12PM Night 5PM-8PM	Marple Newtown S.C.
July 31	9am - 5 pm	Philadelphia University
August 1-4	Day 9PM-12PM Night 5PM-8PM	Philadelphia University

Foot Skills Camp Daily Schedule

- 1 Warm-up technical training (every player with a ball at their feet)
- 2 Technical training emphasizing proper technique while doing ball work with speed & control
- 3 Progression with each technical session
- 4 Tactical progression 1v1, 2v2, 3v3, 4v4 attacking & defending
- 5 Introduction to specific tactical formations
- 6 3v3 tournaments
- 7 World cup tournaments focusing on positions within tactical formations



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ptah myers foot skills camps

We are committed to player development through demonstration and participation. We develop our campers' abilities by showing them how to play. Our coaches are strong players who have collegiate and professional experience. We believe in making the game fun and putting players in an environment where they can reach their full potential.

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 these 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.

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

2011 summer camps & 7v7 clinic

Marple Newtown Soccer Club Camp

July 11-15, 2011

Day Camps, 9 AM-12 PM, Boys & Girls, Ages 5-14
\$115 if campers signs up before May 1
\$130 per campers

Evening Camps, 5 PM-8 PM, Boys & Girls, HS
\$115 if campers signs up before May 1
\$130 per camper

Field Location

Krassess Field, Rt. 252 and Gradyville Road
Newtown Square, PA 19073

Philadelphia University Soccer Camp

August 1-4, 2011

Day Camps, 9 AM-12 PM, Boys & Girls, Ages 5-14
\$115 if campers signs up before May 1
\$130 per campers

Evening Camps, 5 PM-8 PM, Boys & Girls, HS
\$115 if campers signs up before May 1
\$130 per camper

Field Location

Alumni Field, Philadelphia University, 4201 Henry Ave.
Philadelphia, PA 19144

Philadelphia University 7v7 Clinic

July 31, 2011

9 AM-5 PM, Boys
\$100 per player

Field Location

Alumni Field, Philadelphia University, 4201 Henry Ave.
Philadelphia, PA 19144



Name _____ Age _____ Sex: Male Female
Address _____
City _____ State _____ Zip _____
Parent/Guardian _____
Email _____
Home Phone _____ Work Phone _____
Mobile Phone _____ T-Shirt Size _____
Club Team Name _____

Position Field Goalkeeper

Playing Level Rec Club ODP High School Only | Graduation Year _____

Session (s) Attending:

- Marple Newtown S.C. Camp | July 11-15 | Day Camp
- Marple Newtown S.C. Camp | July 11-15 | Night Camp
- Philadelphia University Soccer Camp | August 1-4 | Day Camp
- Philadelphia University Soccer Camp | August 1-4 | Night Camp
- Philadelphia University 7v7 Clinic | July 31

To Enroll

1. Return completed registration form with payment for camp.
2. Mail to: Futsal Development Academy, 3701 Conshohocken Avenue, Apt. 317, Philadelphia, PA 19131. Confirmation packet will be mailed 2 weeks before camp. Checks for Philadelphia University Soccer Camp and 7v7 Camp must be made out to Philadelphia University. Checks for the Marple Newtown SC Camp must be made out to Ptah Myers.

I hereby agree to the following statement: For Good and valuable consideration, the receipt of which is hereby acknowledged, I (as the parent or legal guardian of the camper named in this application) hereby grant and convey to Philadelphia University all right, title, and interest in and to record my child's name, likeness, image, voice, statements, and/or writings including any and all photographic images and video or audio recordings made by Saint Joseph's. I further grant to Saint Joseph's, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sounds, still, or moving images in any medium, including but not limited to, external or internal print media or posting on the Internet and World Wide Web, for educational, historical, archival, promotional, advertising, or other purposes, without limitation, consistent with the mission of the University. I agree that all intellectual property rights to the sound, still, or moving images belong to Saint Joseph's. I agree that I shall receive no compensation for my/ or my child's appearance and participation.

Participant's Name _____

Signature of Parent/Guardian _____

Release for Medical Treatment

(Application will not be complete until signed and returned.)

List any conditions that physicians should be aware of: _____

Does your child have allergies to medicines? If so, list: _____

Insurance Coverage for accidental injury is required by all participants. If, at the time of the injury, no family insurance exists, limited secondary coverage is provided subject to policy terms, conditions, limitations and exclusions.

Ins. Co. Name _____

Policy Holder _____

Policy Number _____

A permission signature is necessary to allow our doctors to administer treatment in the event of accident or illness. Parent/Guardian _____

Date _____ Emergency phone (day) _____
(night) _____

I hereby authorize any medical treatment which may be advised or recommended by the attending physician of: (Camper's name) _____

Release and Waiver of Liability (read carefully before signing)

I hereby authorize the staff of Philadelphia University Soccer Camps to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlines in this brochure.

Participant's Name _____

Signature of Parent/Guardian _____