



The Futsal
Development Academy

Ptah Myers Foot Skills Soccer Camp

Ptah Myers Foot Skills Soccer Camp Hosted by MNSA

July 28 - Aug 1

Day Camp, 9am - 12pm

Ptah Myers and the Futsal Development Academy partnered with YTP Sports

***online registration only**

Soccer Skills Clinic

June 1, 8, 15, 22, 29

2-3pm, 3-4pm

Youth Summer Camp

July 7th - July 11th

9am – 12pm

College ID Camp for High School Teams and Players

August 4th - August 8th

9am – 12pm

EVERY Camp experience will include:

- Instruction from 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
- An official camp t-shirt and soccer ball

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 and defending
- World cup tournaments focusing on positions within tactical formations



*Register online at
futsaldevelopmentacademy.com*

**See reverse side for mail in registration form and information*

Registration Form

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 ☐ High School | Graduation Year: _____

Session Attending

Camp Sessions are \$130 per camper

☐ July 28 - August 1, Marple Newtown | Day Camp (9am - 12pm)
*Ages 4-14

Checks for camp must be made out to Futsal Development Academy.

Confirmation packet will be mailed 2 weeks before the camp.

To Enroll

1. Return completed registration form with payment for camp.

2. Mail to: Futsal Development Academy,
3926 Manor Street,
Philadelphia, PA 19128

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 applications) hereby grant and convey to Ptah Myers 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 Ptah Myers. I further grant to Ptah Myers, 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 Ptah Myers. I agree that all intellectual property rights to the sound, still, or moving images belong to Ptah Myers. 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 Ptah Myers Foot Skills 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 _____