

Murfreesboro Soccer Club

SAMPLE DAILY SCHEDULE

8:30—9:00am.....Players arrive
9:00—9:15am.....Fast foot work
9:15—11:30am.....Technical sessions
11:00am.....Lil Sharpies Leave
11:30am—12:30pm.....Lunch and rest
12:30—2:00pm.....Technical/tactical sessions
2:00—2:50pm.....Small sided games
2:50-3:00pm.....Cool Down and Players Leave



Typical Topics:

Possession with a purpose
Transition
Position specific training
Small Group Attacking/Defending
Team Defending/Attacking
Finishing under pressure
Breakaways
Combination and Flank Play
Near post running-far post finishing
Attacking runs in the box
Technical-tactical field applications
Offense v. Defense scenarios
Goalkeeping

SHARP SHOOTERS ACADEMY INFO

Sharpshooters

Teaching both basic and advanced technical and tactical skills through games and exercises designed to improve overall player skills. (Newly revised curriculum!)

Ages 8-18 - COST \$135.00

Players will be grouped by age and ability. Staff reserves the right to move players around based on level of skill and ability.

Coach to Player Ratio will be reduced to 15 to 1

Players will also receive an evaluation that will highlight strengths and offer suggestions for improvement areas.

Lil Sharpies: Ages: 6—7 - COST \$90.00

Half-day camp engaging in age appropriate skill games and finishing with small sided games. (Revised Curriculum!)

Sibling Discount

2 or more Players—\$5 per child

What To Bring and Wear:

Shin guards, Cleats or Tennis shoes, Sun block, Large water bottle. Sack Lunch (concession stand will be open for snacks and / or drinks from 11:00 - 12:00)

Mail Application and forms To:

Sharpshooter Academy

3691 Old South Road

Murfreesboro, TN 37128

Make checks payable to: MSC Sharpshooters

Sharp Shooters Soccer Academy for both Select and Recreation Players

Sharp Shooters Soccer Academy

2010 Camp Application

LAST Name _____ FIRST Name _____

Date of Birth _____ Age _____ Current Grade _____ School _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian _____

Home Telephone _____ Mother Cell Phone _____ Father Cell Phone _____

E-mail _____

Emergency Contacts:

1) Name _____ Phone _____

2) Name _____ Phone _____

Liability Release and Indemnity Agreement

I hereby request that you accept this application for enrollment in the Sharp Shooters Soccer Academy during the date set forth in this application. I hereby release the Board of Murfreesboro Soccer Club, all its employees, and the Sharp Shooters Soccer Academy and its agents from all participant claims on account of any injuries which may be sustained by me while attending the Soccer Camp, and I agree to indemnify the Board of Murfreesboro Soccer Club and its employees and the Sharp Shooters Soccer Academy and its agents for any claim which may hereafter be presented by me as a result of any such injuries.

Parent/Guardian Signature (required) _____ Date _____

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the policy's company name, address, number and owner. The accident insurance provided by the camp is on an excess basis.

Insurance Company _____ Policy Owner _____

Company Address _____ Policy Number _____

Medical Certification (This information must be provided before camp begins)

I hereby certify that _____ is physically fit to participate in an active soccer camp during the days of the camp for which he has registered. I know of no physical impairments which would in any manner limit his participation in such a program.

Current Medical Conditions (Asthma, Allergies, etc.): _____

Medications Currently Taking: _____

Parent's Signature _____ (required) Date _____

T-Shirt (circle one): Youth: Small Medium Large

June 7 - June 11 - Lil Sharpies

Ages: 6—7 Times: 900-1100am

Cost: \$ 90 per player

T- Shirt Size (adult sizes): _____ XS _____ S _____ M _____ L _____ XL

June 7 - June 11 – Sharp Shooters

Cost: \$135

Ages: 8-18 Times: 900am – 300pm

CONSENT FORM

Consent to Medical Treatment and Release of Liability

I certify that I am the parent and/or legal guardian of the child named on this registration form ("Child") and that I give consent without reservation to the following release on behalf of the Child. I hereby authorize Child to participate in the Soccer Academy offered by Murfreesboro Soccer Club and by the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program have been established for Child's benefit.

I hereby voluntarily assume all risk of accident, harm, or injury to Child which may arise out of his participation in the Camp, and therefore indemnify, release, defend, hold harmless and forever discharge Sharpshooters Academy, Academy Staff, MSC, and any of their employees, contractors, agents, representatives, designees and other personnel from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action that may result from my child's participation in the Academy. In addition, I hereby give my permission and authorization for emergency or routine medical treatment in the event I cannot be reached in a timely manner.

I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named child while attending the Camp. I also agree to indemnify, release, defend, hold harmless and forever discharge Sharpshooters Academy, Academy Staff, Murfreesboro Soccer Club, and any of their employees, contractors, agents, representatives, designees and other personnel from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action or judgments by or on behalf of Child arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Parent/ Guardian Signature

Date

Print Camper's Name

Emergency Phone

Insurance Carrier Policy Number

MEDICAL INFORMATION AND PARENTAL CONSENT FORM

Name of Camper _____

Please provide information about the above minor:

Allergic reactions _____

Present medications _____

Date of last Tetanus Toxoid _____

Past illness or other information that would be useful in the event of treatment if necessary:

IN CASE OF AN EMERGENCY:

Father _____

Home Phone _____ Work Phone _____

Mother _____

Home Phone _____ Work Phone _____

Insurance Company _____

Policy Holder _____

Policy Number _____

In the event a parent or guardian cannot be contacted, please indicate one of the following:

I hereby certify that the Sharp Shooters Soccer Academy staff has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. The Sharp Shooters Soccer Academy shall not be held responsible for any consequence from such injuries.

I authorize limited care as follows: _____

I declare that I am the father/mother/guardian (circle one) of the above-named minor.

Signature _____ Date _____