

**Advanced Training Clinic 2009
For High School Boys – August 17-21**

****Registration Due May 15****

Força!™

**soccer
clinics**

team training . vacation programs . speed/agility training

AUGUST 17-21, 2009 – ADVANCED TRAINING CLINIC – ACTON-BOXBORO HIGH SCHOOL

**Advanced Training Clinic
For High School Boys**

3 Hours of Training per Day
• 5:00-8:00 pm

Professional Training Sessions

- Technical Training
- Tactical Training
- Circuit Training
- Functional Training
- Built-in Fitness Training

Matches

- Competitive Matches nightly

Location

- Acton-Boxborough High School

5 Days

Monday - Friday
August 17-21, 2009
5:00-8:00 pm

High School Boys
(Bu15-Bu19)

Fee

\$150
w/ T-Shirt



Quality Coaching Staff

Tom Mitch

Director of Força! Soccer
NSCAA Premier License
Duke University (1986 NCAA Champs) (player)

David Baumritter

Acton-Boxboro HS Varsity (Head Coach)
University of Richmond (player)

Ray Pavlik

Concord-Carlisle HS Varsity (Head Coach)
Bates College (player)

David Hosford

Lincoln-Sudbury HS Varsity (Head Coach)
Amherst College (player)



Força! Soccer

Provider of high quality Team Tours, Tournaments, and Training Camps in the US & abroad.



**For More
Information about
Força! Soccer**

Visit Our Website

www.forcasoccer.com

Contact Our Director

Tom Mitch

tmitch@forcasoccer.com

(781) 729-0752



Registration Form - Advanced Training Clinic for High School Boys – Acton-Boxborough High School

Name of Player _____

Date of Birth _____ Grade (as of 9/09) _____

School _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Email Address _____

Circle T-Shirt Size: S M L XL

Preferred Position: GK Back MF F

Release of Liability & Parental Consent

I, the parent/legal guardian of the registrant, a minor, recognizing the possibility of physical injury associated with soccer and its related activities, and in consideration for Força! Soccer accepting the registrant for its soccer program, including any and all related activities (Clinics Programs), hereby release, discharge, and/or otherwise indemnify Força! Soccer, its Board members, agents, employees, sponsors, contractors, volunteers, and associated personnel, including the owners of the fields and facilities utilized for Clinics Programs, from any and all liability that may arise from said participation, including but not limited to any injury occurring to my child/ward. I acknowledge that I am responsible for any and all medical expenses due to my child/ward's injury or illness, and hereby assume all risk of injury or loss to which he/she may be exposed. Força! Soccer is not responsible for personal items that are lost, stolen or damaged. I understand that Força! Soccer retains the right to use any photographs, or any other record of Clinics Programs for publicity, advertising or any legitimate purpose. I understand that no one is authorized by Força! Soccer to alter, modify, or waive any of the terms of this agreement in any way.

Parent/Guardian Name _____

Signature _____ Date _____

Camp Fee \$150 per player - Make Check Payable to **Força! Soccer**, 8 Oak Street, Winchester, MA 01890

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