

# SOCCER DOMAIN ACADEMY

Proudly present...

## PREMIER HIGH SCHOOL TRAINING CAMP

The program is geared towards full HS teams or returning HS players and those looking to improve their chances of making the upcoming HS soccer teams. The training is available to BOTH boys AND girls.

The training camp is designed specifically for teams and players who are looking to get the most intense, physically demanding and challenging pre season training possible - in a focused professional setting.

The world's best professional and youth soccer teams recognize that the success of their season is based largely upon the quality of their preparation before the season starts.



ASHLEYSOCCER.COM

**"BE PREPARED AND BE THE BEST"**

### PLAYER/TEAM BENEFITS

- Technical, tactical, & functional training
- Striking/Finishing development
- Goalkeeper development
- Speed, Agility, Quickness
- Performance evaluations
- Daily scrimmages

### SCHOOL BENEFITS

- Customize your HS team curriculum
- Effective training prior to HS season.

"The will to win is important, but the will to prepare is vital."



### SDA HS TRAINING CAMP

**BERKSHIRE COMMUNITY  
COLLEGE**

**AUG 17<sup>TH</sup> - 21<sup>ST</sup>**

**5.00-8.00 PM**

**COST - \$159**

For Further Details &  
Registration, please visit  
our website

[www.ashleysoccer.com](http://www.ashleysoccer.com)

OR CALL

Tel#: 413 442 3547

SDA TRAINING CAMP  
DIRECTOR

Mark Gillon

[mgillon@ashleysoccer.com](mailto:mgillon@ashleysoccer.com)

(C) 973 897 7696

### **Health History:**

Please visit our website and download and complete the [health record form](#). This form **must** be completed prior to attending any soccer camp. Please indicate all known physical and mental conditions. Indicate if the child hasn't been immunized against diphtheria, tetanus, poliomyelitis, measles, perussis, mumps and rubella in accordance with New Jersey State Law N.J.A.C. 8-57-4 and Massachusetts State Board of Health Requirements 105 CMR



## SOCCKER DOMAIN ACADEMY & ASHLEY'S SOCCER CAMP

### Premier High School Training Camp 2009

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male Female (circle)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Parent/ Guardian (please print) \_\_\_\_\_ E-mail \_\_\_\_\_

School Attended \_\_\_\_\_ SDA Group (where applicable) \_\_\_\_\_

**Soccer Domain Academy Participant Price - \$135**

**Early Registration Price - \$145 (Before April 30th 2009)**

**Regular Registration Price - \$159 (After April 30<sup>th</sup> 2009)**

**Full payment must accompany this form. Make checks payable to: Ashley's Soccer Camp, Inc.**

#### Cancellation & Refund Policy

If any portion of a camp or program is cancelled due to inclement weather, a make-up will be scheduled for the lost time. If a make up is unable to be scheduled, issue a pro-rated credit voucher will be issued. A cash refund will not be issued. Sessions of camp missed through illness or injury will either be made up for the athlete or a credit voucher for the pro-rated value issued. A cash refund will not be issued. A refunded registration will incur an administration fee of \$25.00. Alternatively, a credit voucher for the full amount will be issued if desired. Returned checks will incur a \$25.00 fee.

#### Waiver

I hereby release Ashley's Soccer Camp (ASC) and any hosting organization from any and all claims and liability of any kind of personal injury or property due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my permission for my child to be photographed or video taped while participating in camp activities and for the resulting images to be used by ASC for promotional purposes. On a separate piece of paper, please indicate all known physical and mental conditions. Indicate if your child hasn't been immunized against diphtheria, tetanus, poliomyelitis, measles, perussis, mumps and rubella in accordance with New Jersey State Law N.J.A.C. 8:57-4.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail to: **180 Elm St, PMB 132, Pittsfield, MA 01201**

Or Register online at [www.sports-domain.com](http://www.sports-domain.com)