



Challenger Sports

BRITISH SOCCER SKILLS CLINICS....

Challenger Sports is the largest soccer camp provider in the US and Canada! Over 100,000 players will learn the "Challenger Way" in camps and clinics this year. Your soccer organization has chosen to host a series of BRITISH SOCCER CLINICS in your community. Sign up now for the No. 1 soccer skills provider in North America and see your child improve this spring.

Indian Trail Athletic Association Skills Clinics

Location: Edna Love Park

	Ages	Times	Dates		Cost
Session 1	6-9yrs	5:30-6:30pm	Tuesday March 18 th	Tuesday May 6 th	\$80
Session 2	10-14yrs	6:30-8:00pm	Tuesday March 18 th	Tuesday May 6 th	\$80
Session 3	6-9yrs	5:30-6:30pm	Friday March 21 st	Friday May 9 th	\$80
Session 4	10-14yrs	6:30-8:00pm	Friday March 21 st	Friday May 9 th	\$80
Session 5	6-9yrs	2:00-3:00pm	Sunday March 23 rd	Sunday May 11 th	\$80
Session 6	10-14yrs	3:00-4:30pm	Sunday March 23 rd	Sunday May 11 th	\$80
Contact	Ben Cook	Telephone	704-843-5149		
Mail to	2003 Dunsmore Lane Waxhaw NC 28173	Email	bcook@challengersports.com		
		Checks pay to	Challenger Sports		

- **Session s 1 and 3 and 5** are designed for the 6-9yr old age group and will allow the players to enjoy soccer in a fun and positive environment. The 8-week program will enhance their coordination and foot skills through a range of individual activities and 3v3 games. Core skills that will be improved include dribbling, passing, turning, 1st touch as well as different fakes and moves for 1v1 play.
- **Session 2 and 6** is designed for the 10-14 yr old age group and will enhance a player s technical skill level. Includes mastery of the ball, dribbling, passing/receiving, movement and ball striking. The players will improve their creativity as well as gaining a better tactical knowledge of the game.
- **Session 4** is designed to help goalkeeper s improve their skills and confidence. Skills that will be improved include footwork, ball-handling, hand to eye coordination, throwing and kicking, shot stopping and closing down angles.

Sessions will fill up fast and spaces are limited.

Child's name _____ age ____ M ____ F ____ d.o.b _____

Emergency contact _____

Organization name _____

Phone number _____

Session chosen _____ Time _____

Group with _____

Payment in Full - Camp Fee enclosed \$ _____ Check number _____

Parent/Guardian _____

I hereby release Challenger Sports and any hosting organization from any and all claims and liability of any kind of personal injury or property damage 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 consent for my child to be photographed or video taped while participating in camp activities and for the resulting images to be used by Challenger Sports for promotional purposes. If returned unpaid I authorize my account to be electronically debited for both the check amount and returned check fee.

Address _____

City _____ St _____ Zip _____

Phone _____

email _____

www.challengersports.com

Signature of parent _____ date _____