

MIDLOTHIAN YOUTH SOCCER LEAGUE
INDOOR TRAINING PROGRAM
2009
JANUARY 10 - January 31, 2009
AT
MILLWOOD SCHOOL

COST: \$80 PER PLAYER
(4 week session)

Director: John Addison

- Class 1: Ages 5 and 6
 Saturdays 2:00 - 3:00
 Starting January 10 - January 31 (4 week session)
- Class 2: Age 7
 Saturdays 3:00 - 4:00
 Starting January 10 - January 31 (4 week session)
- Class 3: Age 8
 Saturdays 4:00 - 5:00
 Starting January 10 - January 31 (4 week session)
- Class 4: Ages 9 and 10
 Saturdays 5:00 - 6:00
 Starting January 10 - January 31 (4 week session)

Equipment Needed:

Shin Guards, Soccer Ball, No Cleats or Black Soled Shoes, Waterbottle

You must pre-register in order to attend. 14 players will be allowed per session. Full payment must be sent with registration.

The Indoor school will have emphasis on learning the following techniques:

1. Ball Skills Training Method - fast footwork and dribbling techniques will be learned. These techniques will improve players' confidence, ability to beat opponents and create space.
2. Ball Control - Emphasis will be on controlling the ball movements quickly and efficiently.
3. 1 v 1 - Emphasis will be on offense and finishing.
4. Passing - Different passing techniques will be taught.

*****Please note that this year's session is only a 4 week period instead of 6 weeks.*****

REGISTRATION FORM

Payment must accompany registration form in order to guarantee your spot.

MAIL REGISTRATION FORM AND CHECK TO:

MYSL
P. O. Box 1991
Midlothian, VA 23113

Make Check Payable to: **MYSL** or

Pay by credit card:

Visa or Master Card # _____ Exp. Date: _____

Class # _____

Player's Name _____

Address _____

Zip _____

Home Phone _____ Cell Phone _____

Age as of January 2009 _____

LIABILITY WAIVER

I hereby give permission and approval for my child to participate in all soccer and soccer related activities during this MYSL sponsored indoor soccer school and clinic. I assume all risk and hazard's incidental to such participation, and I hereby release MYSL and its employees and agents from any liability arising from injury or injuries sustained by my child while participating in the MYSL Indoor soccer school and clinic. I hereby authorize the Director and employees of MYSL to obtain medical care for injuries and illness that might affect my child during the class.

Parent's

Signature _____ Date _____

Check for \$ _____ Date Received _____