

**TRAIN WHERE THE CHAMPIONS TRAIN...THE MOST
COMPREHENSIVE SKILLS PROGRAM WITH PROVEN RESULTS**

INTENSE SOCCER ACADEMY

2009 – SUMMER CAMP PROGRAM

ABOUT US:

Intense Soccer Academy (locally and nationally often recognized as “**ISA**”) is one of the east coast's leading organizations for soccer education and training, continually producing nationally competitive players and teams. **ISA** trains, coaches and manages youth soccer teams for various clubs on Long Island. Many of these teams have competed and continue to compete on the most competitive youth soccer stage in the United States. Over the years **ISA** has developed a national reputation for developing elite teams and players and established a strong tradition of player development and camaraderie.

If you are looking for the best skills development program around with proven results, look no further than **INTENSE SOCCER ACADEMY**.

PROGRAM INFORMATION:

<u>WEEK</u>	<u>DATES</u>	<u>LOCATION</u>	<u>DAYS</u>	<u>TIME</u>
Week #1	7/13-7/16	@ Oyster Bay	(4 day)	5-8pm
Week #2	8/3-8/7	@ Commack	(5 day)	5-8pm
Week #3	8/10-8/14	@ Commack	(5 day)	9-12
Week #4	8/17-8/20	@ Oyster Bay	(4 day)	5-8pm

TUITION \$125 (4 day camp) \$150 (5 day camp)

DIRECTIONS www.INTENSESOCCERACADEMY.com

DAILY SCHEDULE:

<u>30 minutes</u>	ISA skills & 1v1 attacking moves
<u>15 minutes</u>	ISA juggling exercises
<u>45 minutes</u>	Fundamental “skill of the Day”
<u>30 minutes</u>	Shooting/Finishing
<u>60 minutes</u>	Small sided games

-----DETACH & SUBMIT WITH PAYMENT -----

Gender: ___ male OR ___ female

Player name: _____ **Age:** _____ **DOB:** ____/____/____

Address: _____

Home #: _____ **Cell (Mom):** _____ **Cell (Dad):** _____

Email: _____@_____ & _____@_____

I, _____, PARENT/LEGAL GUARDIAN, OF THE ABOVE NAMED PLAYER HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS INTENSE SOCCER ACADEMY, LTD. (TOGETHER WITH SUCH COMPANY’S SPONSORS, TRAINERS, STAFF, EMPLOYEES, CAMPERS, PARTICIPANTS AND PRINCIPALS) FROM AND AGAINST ANY AND ALL INJURIES THAT MY CHILD MAY SUFFER AS A RESULT OF PARTICIPATION IN ANY INTENSE SOCCER ACADEMY PROGRAM. I RECOGNIZE THAT SOCCER IS A CONTACT SPORT AND THAT IT MAY BE PHYSICALLY STRESSFUL AND TAXING ON MY CHILD. I FURTHER RECOGNIZE THAT MY CHILD’S PHYSICAL AND MENTAL HEALTH CONDITION MUST BE FULLY COMMUNICATED IN WRITING TO RON ALBER OF THE INTENSE SOCCER ACADEMY, LTD. PRIOR TO MY CHILD’S PARTICIPATION IN ANY OF THEIR PROGRAMS. IF I DO NOT COMMUNICATE ANY OF THIS INFORMATION IN WRITING TO RON ALBER OF THE INTENSE SOCCER ACADEMY, LTD., I WILL BE SOLELY RESPONSIBLE FOR ANY ADVERSE CONSEQUENCES. AS OF THE DATE OF THIS DOCUMENT, MY CHILD IS AFFECTED BY THE FOLLOWING PHYSICAL OR MENTAL HEALTH CONDITIONS: _____

x _____ Date: _____
parent/legal guardian of the above-named participant

www.INTENSESOCCERACADEMY.com

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