

ADVANCED INDIVIDUAL SOCCER SKILLS TRAINING CAMP



Players will have opportunity through our activities, to improve individual skills, motor development with the ball, agility and balance. **All players will receive Hundreds of touches on the ball daily** through our fast footwork, ball mastery and coordination dribbling exercises, teaching them the importance of ball control. Campers will be taught how to use creative techniques to solve common soccer problems.

DATE: JUNE 12th -16th
JULY 24-28

TIME: 5:45pm - 8:45pm

COST: \$95

LOCATION:
Claremore Soccer Complex
2501 N Sioux Ave

DEVELOPMENTAL AREAS:

Passing: short, long, inside & outside the foot, driven balls

Receiving: First touch, low/high balls, all body surface

Change of direction: Creating space.

1v1 Deception: Eluding defenders.

Angle Principles: Changing angles to create space or beat defenders.

Ball Mastery: Foot skills/ Foot speed/Speed/Strength Agility coordination activities training.

Shooting/Finishing: Improving goal scoring, scoring combination play and movement.

Why choose Skill U UP Soccer Camp?

Professional coaching staff: we enlist some of the top technical coaches from around the state. All either former or current Professional, collegian, international player's or coaches.

Quality, fun, and stimulating, instruction

Top Value: Best camp of its kind for the price

Increase Love for the game: Players will work more on their own outside of practice.

Increase in Self confidence: Campers leave with renewed confidence.

REGISTRATION FORM

PLAYER NAME: _____

PARENT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SHIRT SIZE: _____

CELL PHONE: _____

EMERGENCY CONTACT#: _____

E-MAIL: _____

I hereby waive all claims against and forever discharge and release participants, organizers, agents, trainers, coaches, and property owners from any and all claims, whether known or unknown, of any kind relating in any way to personal injury and/or property damage arising from or as a result of the above players participation in any activity conducted by this camp. I hereby certify that the above player in my ward and the above player is physically and mentally able to participate in all activities conducted by this camp. I hereby consent to and authorize, on behalf of the above player, any and all reasonably necessary medical, diagnostic and/or other care related to procedures as may authorized, performed and/or prescribed by a licensed physician.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Reserve your spot: Fill out form and mail to 9800 East 110th Street North Owasso, OK 74055 Attn: Justin Phillip Owasso, OK 74055.

Make checks payable to SKILL U UP.

Pre registering helps us better prepare staff and activities to make camp as beneficial as possible.