

# FC DALLAS SCHOOL OF EXCELLENCE TRAINING PROGRAM

## 2011 Soccer Camp Series

Conducted by FC Dallas Players and Coaching Staff

### Program Concept

At FC Dallas, it is our responsibility to invest in and ultimately develop local youth players. Come and develop your skills at the best soccer facility in the country - Learning from FC Dallas will give you the professional edge.

### Program Training

Developing individual skills and refining techniques are key stages in mastering the game. Our program curriculum incorporates intense training exercises focused on developing techniques into skilled actions that can be performed with confidence and success.

Daily coaching themes include; Control & Creating Space, Dribbling & Turns, Passing & Possession, Attacking & Finishing.

### Location

Pizza Hut Park, Frisco TX

Website: [www.fcdallas.net](http://www.fcdallas.net)

Information Hotline: (972) 922-3801

### Fill Out Program Details:

	DATE	TIME	COST	UNIFORM SIZE
<input type="radio"/>				

### Registration & Payment

Each program has limited space. Make Checks payable to FC Dallas or provide Credit card details:

I Wish To Pay:  Check  Visa  Mc  Amex  Discover  
(CHECK ONE)

CC #: \_\_\_\_\_ EXP. \_\_\_\_\_ Amount: \_\_\_\_\_ Card Holder: \_\_\_\_\_

### Mail this form with payment to:

**FC Dallas School of Excellence Program**  
**9200 World Cup Way, Suite 202, Frisco TX 75034**

**Cancellation Policy:** After registering, players who cannot attend will be charged a \$50.00 cancellation fee.

### Player Information

Player Name: \_\_\_\_\_  
(First) (Last)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parents: \_\_\_\_\_  
(mm/dd/yyyy)

Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Emergency Contact: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

### Waiver/Medical Release

I hereby release FC Dallas, Dallas Soccer LP and its partners 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 pre-existing medical or psychological conditions. I give my consent for my child to be photographed or video taped while participating in clinic activities and for the resulting images to be used by FC Dallas, Dallas Soccer LP and its partners for promotional purposes.

**I acknowledge that I have read and fully understand the medical release and waiver.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

