



Goal Keeper Camp Program

Program Overview: This camp will focus on the technical, tactical and psychological aspects of youth goalkeeping. The following skills will be taught in a positive teaching environment:

Fundamentals of shot-stopping (Handling, footwork and diving)

Positioning

Distribution

Dealing with crosses (end-line crosses and crosses from deeper positions)

1v1 scenarios (positioning, technique and footwork)

Conditioning for youth goalkeepers (agility, flexibility, and co-ordination training)

Dealing with the pass-back

Psychological aspects of youth goalkeeping

(confidence, leadership and concentration)

Program Dates:

Spring Break Camp March 25th-27th MSC 9 a.m.-11 a.m. \$90

Summer Camps

Week 1: 14-17th July, 12:30-3:30pm MSC 12:30-3:30 p.m. \$180

Week 2: 21-24th July, 12:30-3:30pm MSC 12:30-3:30 p.m. \$180

Week 3: 28-31st July, 12:30-3:30pm MSC 12:30-3:30 p.m. \$180

Costs:

Spring Break Camp 3 days for 2 hours a day \$90

Summer Camps 4 days for 3 hours a day \$180

Goal Keeper Trainers:

Paul Sapsford

Paul Sapsford coaches Mustang Soccer's Goalkeeper Academy following 8 years of collegiate coaching experience. Paul is a USSF "A" licensed professional. Previously, he was the Interim Head Coach and Goalkeeper Coach at Stanford University, and the Head Coach and Goalkeeper Coach at Saint Mary's College of California. Prior to this, Paul directed the goalkeeper academy at Florida Premier Soccer Club and has coached youth goalkeepers for professional clubs in the UK.

Carl Edwards

Carl Edwards coaches Mustang Soccer's Goalkeeper Academy following 7 years of collegiate coaching experience. Carl is a USSF "A" licensed professional. Previously, he was the associate head coach and goalkeeper coach at St. Mary's college. Prior to Mustang, Carl was employed by Santa Rosa United as the technical director.

Registration: Please fill out the attached form and send into the address listed. You can also register online at www.sportability.com/johndoyle If you have questions, please e-mail johndoylesoccer@aol.com All information can be found at www.johndoylesoccercamps.com



Registration Form

I hereby give permission for any and all medical attention to be administered to my child/children _____ in the event of accident, injury, sickness, etc. under the direction of John Doyle Soccer until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Age of Player: _____

Date: _____

Parent Name: _____ Cell _____

Home _____

Email _____

Parent Name: _____ Cell _____

Home _____

Email _____

Insurance
Company: _____

Policy
Number: _____

Physician: _____ Phone Number: _____

Parent Signature: _____