

FC Fremont Spring Training Academy 2009



REGISTER NOW



Competitive Training Academy - Division 1 and 3 Players ONLY

Delivered by highly qualified and experienced trainers, our sessions will provide players with the opportunity to advance their individual technique, tactical awareness and individual fitness capacity. FC Fremont's curriculum is outlined below:

- Dribbling - Help develop your creative game and improve your ball mastery.
- Attacking - Learn how to become a 1v1 champion.
- Functional Training - Enhance your knowledge of multiple positions and their demands.
- Fitness Performance - Learn how to achieve optimal performance.

Members \$100
Non-Members \$150

Player Development Academy – Recreational House Players

Do you want to improve your game? Well now you can, register now and showcase your talents.

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- Functional Training – Enhance your knowledge of multiple positions and their demands.
- Fitness performance – Learn how to achieve optimal performance.

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Non-Members \$150

Spring Training Academy – Calendar

Age Group	Day	Time	March	April	Location
Competitive Academy U13/U14 Division 1 and 3 ONLY	MON	5:00 – 6:30pm	16, 23	6,13,20,27	ICP
Player Development Academy U13/U14 Recreational House Players	TUE	5:00 – 6:30pm	17,24	7,14,21,28	ICP
Competitive Academy U15/U16 Division 1 and 3 ONLY	WED	5:00 – 6:30pm	18,25	8,15,22,29	ICP
Player Development Academy U15/U16 Recreational House Players	THU	5:00 – 6:30pm	19,26	9,16,23,30	ICP

- **ICP – Irvington Community Center - 41885 Blacow Rd, Fremont**

Please contact FC Fremont Director of Coaching – **Ricky Clarke** for more information

510.353.4038 / DOC@FCFremont.com / www.FCFremont.com

FC Fremont – Spring Academy Registration 2009 (APPLICATION FORM)

Please complete one form per player, and then send a completed registration form with check payments to:
Ricky Clarke, FYSL Spring Training Program, 44100 Old Warm Springs Blvd, Fremont, CA 94538

PARENT / GUARDIAN INFORMATION

First Name:
Last Name:
Email:
Cell Phone:
Telephone:
Address 1:
Town/City
State/Zip
Alternative Contact:
Telephone:

PLAYER INFORMATION

Player First Name:
Player Last Name:
Age / D.O.B
Gender
Doctor Name:
Doctor Phone:
Please provide details of any allergies, special needs, and medical conditions:
List Medication for Camp:

Please **TICK** the sessions you will be attending:

Age Group	Day	Time	March	April	Please Tick
Competitive Academy U13/U14 Division 1 and 3 ONLY	MON	5:00 – 6:30pm	16, 23	6,13,20,27	
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PLEASE READ THIS AGREEMENT ABOUT YOUR RIGHTS AND OBLIGATIONS CAREFULLY. **YOU MUST ACCEPT THIS AGREEMENT BY SIGNING BELOW.** As the parent/guardian of the player named above, I hereby grant permission for him/her to participate in FC Fremont programs/events, and represent that he/she is physically able to participate in strenuous and hazardous activity, including the soccer activities to be played at FC Fremont programs/events. I hereby release and discharge FC Fremont and all their affiliated entities from any and all liability, claims, demands and causes of action for personal injury, property damage, and/or other loss suffered by the player in connection with his/her participation in FC Fremont programs/events. I give permission for the administration of basic first aid treatment, and for the player to be taken to hospital and receive emergency medical treatment if required. I grant full permission to all persons associated with FC Fremont programs/events to use any photographs, videotapes, motion pictures, recordings or other record involving the player for publicity and promotional purposes, without any compensation to the player. I hereby confirm that all details provided in this registration are accurate, and I understand that all information registered with FC Fremont will be held on a secure database. I give consent for FC Fremont to use these details to send information pertaining to forthcoming FC Fremont programs/events that may be of interest to me.

Parent Signature:

Total Amount: \$
