

# Bobby Moffat's Soccer Academy

8 Sundays -  
Feb./April.  
2010 Session



## Soccer Skills & Goalkeepers Club



For Boys & Girls; Field Players (4 to 14) & Goalkeepers (6 to 12)  
Coached by Bobby Moffat and his Academy staff

**Dates:** Sundays Feb. 7-14-21-28 • March 7-14-21-28  
**Rain-outs:** April 11

**Location:** YMCA, 821 Custer Rd. Richardson, TX.  
 South of Arapaho two Blks. West of  
 N. Central Expwy. (75)

**Times:** Session #1: 6-7 yrs. Fld. Players 1-2:30pm  
 Session #2: 6-12 yrs. Goalkeepers 1-2:30pm  
 Session #3: 4-5 yrs. Fld. Players 1-2:15pm  
 Session #4: 8-9 yrs. Fld. Players 2:30-4pm  
 Session #5: 10-14 yrs. Fld. Players 2:30-4pm  
 Session #6: 4-5 yrs. Fld. Players 2:45-4pm

**Cost:** \$150 per each 8wk. session.  
**Due:** By Feb 3 or before.  
 Most major credit cards accepted.

- 8 weeks, of 1½ hour sessions (1¼ hour for 4-5yr olds) of Ball skills, Techniques and tactical games
- Top coaching from coaches who play
- Positive reinforcement!!
- No pressure !!
- Emphasis on: Techniques, first and last touch, both feet, soccer thought & passing
- Non-team environment
- Skills and games adjusted to players ages
- T-shirt & Printed lesson plan summary/work-book



**For Details Call : 972 / 649-7933**

Ask About Our  
**Team Camps & Rent-A-Coach  
 Services - We'll come  
 to your field**

Please mail application/registration & release form, plus full payment to:  
**Soccer Academy, P.O. Box 966, Allen, TX 75013-0016**

Sign-up on line at - [www.soccermoffat.com](http://www.soccermoffat.com) Fax : 972 / 649-7928

CUT & MAIL

### MUST BE FILLED OUT Soccer Camp-Clinic Registration & Release Form (For N.T.S.S.A. Association)

*'The recruiting of players for the benefit of any individual, team, club and/or organization is strictly prohibited. Any person having knowledge of any player recruitment at or through this soccer clinic, camp, academy, private lesson, etc., would report same, in writing, to the Youth Commissioner of NTSSA. The NTSSA Youth Commissioner shall deal with the alleged violation in accordance with NTSSA Rule 3.10. (Recruiting is any action or statement, made by anyone, either verbally or in writing, that encourages or entices a player to register with a particular coach, team and/or organization.)'*

**I HAVE READ AND DO UNDERSTAND THE PRECEDING DISCLAIMER**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Player Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Players Current Team Name \_\_\_\_\_ Players Home Soccer Association \_\_\_\_\_

#### YOU CAN SIGN UP ONLINE

### Soccer Skills & Goalkeepers Club APPLICATION FORM

Please reserve my place at Session #

(Spring 2010)

**For Office Use Only :** OL  
 Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 # \_\_\_\_\_  
 CK  M/O

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Fax \_\_\_\_\_ Emergency # \_\_\_\_\_

Each application must be accompanied by full payment. Check # \_\_\_\_\_ **Payments to: Moffat Enterprises Inc. (MEI)**

Does your child have any allergies or other limitations we should be aware of ? Yes  No  If yes what ? \_\_\_\_\_

#### IMPORTANT -Please Read Carefully!!

1. In case of accident or sudden illness, I request Soccer Skills & Goalkeepers Club to contact me. In the event I cannot be reached, I hereby authorize Soccer Skills & Goalkeepers Club to contact my child's physician and if deemed necessary, I hereby authorize Soccer Skills & Goalkeepers Club to transport my child to the physician I have listed below, or to a local emergency room. I understand that this release is good only for the period my child is in camp.  
 Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

2 My child has permission to attend Soccer Skills & Goalkeepers Club and I hereby release Moffat Enterprises Inc. (MEI), Bobby Moffat and his staff as well as any co-sponsoring agencies from any liabilities, damages or injuries, not covered by insurance, which occur during the week my child attends camp

\*Parent's / Guardian's Signature (for medical release and permission to attend camp)\* \_\_\_\_\_  
 Please enclose a stamped, self-addressed envelope with full payment. Thank you.