



# ***EASTER HALF-TERM COURSE***

## ***Daily Schedule***

10.00 – **Registration** – run through the day's session with relevant coach

10.00 – 10.20 – **Morning warm up** in groups (fun games and activities)

10.20 – 11.15 – **Technique training** – working on one of the key areas highlighted above

11.15 – 11.30 – **Break** for rest and refreshments (drinks will be taken by the players whenever required during the sessions)

11.30 – 12.30 – **Development of technique** practiced during the morning session

12.30 – 13.00 – **Lunch** (refer to the recommended food list)

13.00 – 13.20 – **Afternoon warm up** in groups (fun games and activities)

13.20 – 14.00 – **Further technique** and skill work

14.00 – **Finish** and collection

All the groups will also have sessions with Muzzy and Steve during the week.

All coaches will be working through a specific programme designed at improving all aspects of the players' technique, speed, agility and understanding of the game using proven training programmes. The sessions are delivered in a manner that will ensure they are an enjoyable and a positive experience. Our Programme is conducted and supervised by qualified and CRB checked coaches.

## ***Required kit***

- > Moulded football boots, trainers or Astroturf trainers only
- > Trainers in case of indoor play
- > Football kit or tracksuit clothing and waterproof
- > **Shin pads are a necessity!**
- > Packed lunch and drink

## Course costs and Dates

Judgemeadow 6<sup>th</sup>-9<sup>th</sup> April £50 per Week (4 days)

Cheques made payable to 'Steve Walsh and Muzzy Izzet Soccer Academy'.

Please enclose cash/cheque along with parental consent form to register participant and send to:

Steve Walsh & Muzzy Izzet Soccer Academy, The Gate House, PO Box 9221, Leicester, LE8 8WR

## Parental Consent / Registration Form

Child's Name: \_\_\_\_\_ Sex: Male / Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Tel Number: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Tel No: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Tel No: \_\_\_\_\_

Emergency Contact Name and Tel No (if different from above): \_\_\_\_\_

Tel Number: \_\_\_\_\_

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

School Attended: \_\_\_\_\_ Year: \_\_\_\_\_

Week attending Soccer Academy (please tick):

### DOCTOR INFORMATION

Name of child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Any other relevant information e.g. Medical conditions, allergies, special needs etc.

\_\_\_\_\_

I hereby give my permission for my child to participate in chosen Steve Walsh & Muzzy Izzet Soccer Academy activities (both indoors and outdoors) and to immediate medical assistance if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Data protection act

Your information will be used by Steve Walsh & Muzzy Izzet Soccer Academy for the purpose of compiling course registers and to confirm and update records held for this purpose. If you do not wish to receive information on Steve Walsh & Muzzy Izzet Soccer Academy activities please tick [ ]

Photographs may be taken at any Steve Walsh & Muzzy Izzet Soccer Academy event for marketing purposes. Please tick the box if you do not wish your child to be photographed [ ]