



Sign Up Today!

PRO PERFORMANCE TRAINING



NASC.com

Physical • Positional • Team



Rather than call this program a “camp,” NASC sees it as an **Intensive Training Week** to prepare the most advanced players for their upcoming season. The curriculum is a replica of what a pro player might expect to go through as they prepare for the season. The emphasis on Physical, Positional and Team Performance requires that only our most elite coaches be used. At this level it is not just playing with a soccer ball, but a chance for players to test themselves against opponents to see how prepared they are to attain the elite level of play that professionals aspire to. Our goal is to develop complete players who understand team formations and strategies, with practice always at game intensity.

Age: U14-U18

Key Soccer Outcomes:

- Physical Performance
- Positional Performance – Midfield Play
- Positional Performance – Defensive Play
- Positional Performance – Attacking Play
- Team Performance

Evaluation Area Examples:

- When to play forward and back to keep possession
- Linked System Strength Training
- Recognizes when and where to exploit weaknesses
- Ability to defend as a team to prevent penetration
- Effective defending and attacking at set pieces

Daily Activity Schedule:

4.00 to 4.15 Group Warm Up and Stretch
 4.15 to 6.25 Midfield, Defending and Attacking Station
 6.25 to 6.45 Small-Sided Play and Group Tournament

6.45 to 7.00 Group Warm Down and Stretch
 7.00 to 7.30 Individual Goalkeeper Training & Striker Practice

YOUR PROGRAM DETAILS

DATES: June 14th – June 18th 2010

LOCATION: Adam Bronken Field - Cottonwood at Durston, Bozeman, MT 59715

Program: **Under 13 Pro Performance Players**

Ages: **U13**

Time: **9:00 – 12:00**

Cost: **\$125**

Program: **U14+ Pro Performance Players**

Ages: **U14 +**

Time: **1:00pm – 4:00pm**

Cost: **\$125**

- Campers receive a t-shirt and player evaluation
- Shinguards and water bottle required
- To house a coach the week of camp call **Ben Graham 415-612-0199**

MAIL CHECK/REGISTRATION TO: Bozeman Blitz
2225 Stagecoach Trail, Manhattan, MT, 59741

MAKE CHECKS PAYABLE TO: Bozeman Blitz

FOR MORE INFORMATION:

Paul Rubright

Tel: 406-580-9163 Email: prubright@gmail.com

Ben Graham

Tel: 415-612-0199 Email: Ben.Graham@NASC.com

NASC/BOZEMAN BLITZ – PPT REGISTRATION FORM

Registration Form. NOTE: A \$35 fee will be applied to refunds from cancellations. To register siblings, photocopy this registration page.

PLAYER INFORMATION:

PLEASE CHECK BOX IF INTERESTED IN HOUSING A COACH THE WEEK OF CAMP

Name:						Date of Birth:			
Grade as of Sep. 2010:		Age:		Sex:		Number of Years Played:			
Address:									
City:			State:		Zip:				

PARENT/GUARDIAN AND EMERGENCY CONTACT:

Parent/Guardian Name:									
E-Mail Address:									
Home Ph:		Work Ph:			Cell Ph:				
Add'l Emergency Contact:							Relationship:		
Home Ph:		Work Ph:			Cell Ph:				
Family Doctor:							Doctor's Phone:		

PROGRAM DETAILS: Check the top of this flyer for the equipment included in your camp fee

Name of Local Sponsoring Organization									
Name of Camp Program:		Date:			Time:				
2nd Camp Prog. (if applicable)		Date:			Time:				

EQUIPMENT: Check one, if applicable

Shirt YS YM YL AS AM AL AXL Ball 3 (5-7 yr) 4 (8-11 yr) 5 (12+)

RELEASE. This release is made to allow my child to participate in North American Soccer Camps and its sponsored events. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge NASC and all its affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp and its sponsored events. I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms.

Parent/Guardian Signature

Date:

THE FOLLOWING IS REQUIRED ONLY IF YOUR PROGRAM IS HELD IN MASSACHUSETTS OR NEW JERSEY

ALLERGIES: (List all known)	Allergen	Reaction	Management
Medication			
Food			
Other			

MEDICATIONS BEING TAKEN: Please list all medications (including over the counter or non prescription drugs) taken routinely. Bring enough meds to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication.

This person takes NO medications on a routine basis (circle one) Yes No

This person takes medications as follows:	Med 1	Dosage	Frequency	Reason
	Med 2	Dosage	Frequency	Reason

GENERAL QUESTIONS: (Circle Yes or No, and explain additional information on separate sheets)

Ever been hospitalized?	Y	N	Ever had surgery?	Y	N	Have frequent headaches?	Y	N
Ever had a head injury?	Y	N	Ever had ear infections?	Y	N	Ever had back problems?	Y	N
Skin problems? (e.g., itching, rash, acne)	Y	N	Have asthma?	Y	N	Had mononucleosis in the last 12 months?	Y	N
Had problems with diarrhea/constipation?	Y	N	Ever had an eating disorder?	Y	N	Ever had emotional difficulties for which professional help was sought?	Y	N

Board of Health requires medical history and immunization records. By checking this box I understand to bring these to the first day of camp. NASC is in regulatory compliance with respective state Departments of Public Health and fully licensed by local Boards of Health

NASC is in regulatory compliance with respective state Departments of Public Health and fully licensed by local Boards of Health. This camp complies with all the regulations of the Massachusetts Department of Public Health (105CMR430.000) and is licensed by the local Board of Health.