



SCARBOROUGH UNITED WOMEN'S SOCCER CLUB YOUTH DEVELOPMENT ACADEMY PROGRAMME INDOOR 2019 - 2020

Scarborough United once again, takes its youth development academy programme INDOORS for 2019-2020. The Player Development Programme will be targeting players born in **2006 - 2014 (U6-U14)**. Our technical team of coaches along with the All Star guest coaches will be running the sessions.

PROGRAMME DETAILS: (ACADEMY FORMAT)

**** REGISTRATION DEADLINE
OCTOBER 11, 2019 ****



WHAT:

The Programme (LIMITED TO 30-35 PLAYERS) Emphasizes:

- Development of basic skills - shooting, dribbling, passing and receiving.
- Development of technical skills - Playing with and without the ball.
- Application of skills to game situations - positioning for attacking and defending.
- Involvement in the basic structure of soccer for 1v1, 2v2, 3v3, 4v4 situations.
- Improvement in physical fitness - stamina, agility, strength and conditioning.



WHEN:

Friday, November 1, 2019 to Friday, April 24, 2020:

- Friday Evenings from 7:00 pm. - 8:00 pm. (1 hour sessions for 24 weeks)
- Christmas break: Dec. 27, 2019; Easter break: April 10, 2020
- **FREE 'OPEN HOUSE'** Session: Friday, October 25, 2019: 7:00 pm. - 8:00 pm.



WHERE:

Scarborough Soccer Centre (Formerly Clairlea Arena)

45 Fairfax Crescent, Scarborough, Ontario, M1L 1Z6 (Warden & St. Clair)

COST:

- \$350.00** (Receipts if needed, will be issued at the end of the programme)
Cheques should be made payable to **"Scarborough United"** and mailed to:

Scarborough United, 45 Fairfax Crescent, Scarborough, ON. M1L 1Z6

- ** WINTER Session Only: (Nov. 1, 2019 - Jan. 24, 2020) - \$200.00 ****
- ** SPRING Session Only: (Jan. 31, 2020 - Apr. 24, 2020) - \$200.00 ****
- Individual Single 'Drop-In' Sessions Available - \$20.00 Cash.**



First Name: _____ **Last Name:** _____

Address: _____ **City** _____

Postal Code: _____ **Telephone: (H)** _____ **(Cell)** _____

Email Address: _____

Birth Date: ____/____/____ **Played with SU before:** YES NO **(Please Check One)**

YYYY / MM / DD If NO, with what Club: _____

Scarborough United Women's Soccer Club or its agents assume no responsibility for any injuries or happenings however caused to any player and the completion of this form and/or signature will constitute full assumption of acceptance of this provision. In the case of emergency, the Club is authorized to seek medical assistance as deemed necessary.



Parent/Guardian Signature _____ **Print Name:** _____

Date: _____