



# **PRIDE OF THE PITCH PARKLAND SOCCER CLUB ALL-STAR GK CAMP**



## **Welcome:**

**Pride of the Pitch is proud to offer the Parkland Soccer club our signature All-Star Goalkeeper Camp. Due to the great success from last Fall's training we are back again and looking forward to working with all the goalkeepers. It will help goalkeepers of all ages improve on their skills as well as prove to be a fun time for everyone involved. Whether you are looking to learn everything or just polish your skills this camp will help reach all of your goals. We will focus on footwork, catching, diving, distribution, communication, set plays, and much more. We will also have a 5:1 goalkeeper to coach ratio at the camp.**

## **Typical Camp Day:**

- 11:45 – Arrive at camp and prepare for the days session**
- 12:00 – Start camp/warm-up**
- 12:15 – Topic of the day drill (i.e. Footwork drill)**
- 12:30 – Competition for given topic**
- 12:45 – Discussion about topic and drill**
- 1:00 – Work on the next topic (i.e. Footwork with catching)**
- 1:15 – Competition**
- 1:30 – Break (Relax in the pavilion and talk about various GK topics)**
- 1:50 – Report back to field/warm-up**
- 2:00 – Drills for various topics**
- 2:30 – Games and skills contests**
- 3:00 – Dismiss players after Q and A as well as give players Homework**

**When: July 27<sup>th</sup> – July 30<sup>th</sup>**

**Time: 12:00 p.m. – 3:00 p.m.**

**Who: Goalkeepers ages 8-15**

**Where: Independence Park**

**Why: To help develop goalkeepers to their highest potential!**

**Cost: \$175.00**

**Contact Info: Email: [shgoalkeeper1@gmail.com](mailto:shgoalkeeper1@gmail.com) Phone: 570-460-8381**

**WWW.PRIDEOFTHEPITCH.COM - Teaching Youth the Values of Soccer**



**REGISTRATION  
FORM  
PARKLAND SOCCER CLUB**



**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **MALE or FEMALE:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**TELEPHONE: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**EMERGENCY CONTACT: Name:** \_\_\_\_\_ **#:** \_\_\_\_\_

**INSURANCE PROVIDER AND #:** \_\_\_\_\_

**WAIVER:**

I hereby authorize the staff of the camp to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any medical problem or physical impairment that would be affected by the named camper's participation in the camp program.

**Name of Parent/Guardian (printed):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SEND COMPLETED FORM AND PAYMENT TO:**

**THE NEIMAN SPORTS GROUP  
C/O PRIDE OF THE PITCH  
P.O. BOX 444  
Center Valley PA 18034**