



THE CLEVELAND WHITECAPS

invites you to participate in

FALL SOCCER FOOTSKILLS, SPEED AND AGILITY or GOALIE TRAINING

The Cleveland Whitecaps, directed by Mike Sweeney, is offering professional footskill, speed and agility and or goalie training to help you take your game to the next level. Our goal is to provide boys and girls, field players or goalies, ages 8 to 18, with a challenging, competitive, fun environment in which to learn footskills of soccer, fundamentals of Goalkeeping, and to increase athletic speed and agility. While this is an on going program and free for current members, we have opened these training sessions to the non-Whitecap athletes that are interested in improving their game.



2010 FOOTSKILLS, SPEED AND AGILITY

WHEN: MONDAY 5:30 – 6:30 or THURSDAY – 6:00 – 7:00

2010 GOALIE TRAINING -

WHEN: THURSDAY – 6:30 -7:30

WHERE: Brecksville Metro Parks – Forde Area

7 WEEK SESSION – CLASSES BEGIN AUGUST 30TH THROUGH OCTOBER 19TH.

Choose either Monday or Thursday Footskills or Thursday Goalie training

No classes on Labor DaY.



PROGRAM TUITION: \$80 per session for either goalie training or footskill, speed and agility training.

For more information, visit us on line at www.clevelandwhitecaps.com or call 216-901-1227, or email clevwhitecaps@msn.com

TRAINING REGISTRATION FORM

Mail to: Cleveland Whitecaps, 7239 Forestwood Dr. Ste. 1, Independence, OH 44131,
OR register on line at www.clevelandwhitecaps.com

Player's Name _____ Birth Date _____

Parent's Names _____ Phone _____

Address _____ City _____

Zip _____ E-Mail _____

REGISTERING FOR:

Speed, agility and Footskills (\$80) Goalie training (\$80) Both Footskills and Goalie training (\$160)

WILL ATTEND: Mondays Tuesdays Both Monday and Tuesday

TOTAL ENCLOSED: \$ _____

(If you prefer to pay by credit card please visit our website at www.clevelandwhitecaps.com)

EACH PLAYER WILL RECEIVE A T-SHIRT: Please circle your size below:

YOUTH SMALL YOUTH MED YOUTH LARGE ADULT SMALL ADULT MED ADULT LARGE XL

Registration deadline is the first evening of classes. Payment is due with registration.

Parents please read and sign: I verify that my child is covered by medical insurance and that he/she has been checked by a physician and is physically able to participate in soccer activities. I understand that playing soccer has a risk of injury. I release The Cleveland Whitecaps, its employees, officers, agents and hosting facilities from any liability, which may occur while my child is attending camp.

Signature: _____ **Date:** _____

