

# Fuller Hamlets Indoor Footskillz, Shooting Clinics and Skills Clinics (Multi sessions)

The Indoor Clinics are designed for players of all ages. Sessions will be divided by age.

**Skills Sessions** are designed for players 6-10 years old playing in town programs wanting increase their footskills and technical abilities in a fun high paced formate. There are 3 five week sessions for \$55 a session running throughout the Winter.

**Footskillz Sessions** are based on a Coerver style design to build a players comfort level with the ball at their feet, making moves second nature thru multi-

touch system We will train players to become more confident with the ball at the feet and teach them how to take defenders on in the attacking third of the field. Our staff will work on topics such as ball control, speed dribbling, 1v1 moves, first touch, settling, turning, and deception. Players will be encouraged to take risks and try new moves with plenty of repetition in 1v1 and short-sided game situations. The freedom and fearlessness to be creative with the ball defines our foot skills clinics. We understand it to be necessary for the development and enjoyment of the beautiful game at the youth level in the United States. There are 2 eight weeks sessions running throughout the winter

**Striker Clinics** Strikers will work on all aspects of technical finishing, ground shots, volleys, half-volleys, bending balls, long range shots, penalty kicks, free-kicks, timing of runs, attacking headers, technique in dribbling, 1 on 1 attacking moves and principles of attack. There are 2 eight weeks sessions running throughout the winter

## Skills Sessions (ages 6-10)

**Session 1** November 2, 9, 16, 23, 30

**Session 2** December 7, 14, Jan 4, 11, 18

**Session 3** January 25, February 1, 8, 15, 23

## Footskillz Sessions

**Session 1** November 2, 9, 16, 23, 30 December 7, 14, January 4

**Session 2** January 11, 18, 25, February 1, 8, 15, 23 March 7

## Strikers Clinics

**Session 1** November 2, 9, 16, 23, 30 December 7, 14, January 4

**Session 2** January 11, 18, 25, February 1, 8, 15, 23 March 7

## Coaching Staff

### Steve Vince

Licenses

English FA License

FA Level 1 Certificate in Coaching Football 2005

FA Level 2 Certificate in Coaching Football 2007

### Playing Experience

Bath City F.C – 2000 – 2001

Atworth United F.C – 2002 – 2004

Sportzcoach United F.C – 2004 – 2006

### Coaching Experience

2006 – 2008 : Swindon Town Football Club Football in the community coach

Major League Soccer Camps 2007 – 2009

Elite Soccer Academy Scorpions West 2009 – 2011

**Fuller Hamlets SC Head Coach, 2011-present**

**Fuller Hamlets Indoor Footskills  
Application 2011-2012**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Age \_\_\_\_\_ Birth-date \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_

Sex (circle) M F Position \_\_\_\_\_

Years Experience \_\_\_\_\_

**Camp shirt size:** (Order next size up to allow for shrinkage)

Youth Medium 8-10 Youth Large 14-16  
Adult Sm. 34-36 Adult Med. 38-40 Adult Lg.  
Circle the appropriate session

**Skills Sessions (ages 6-10) \$55**

**Session 1** November 2, 9, 16, 23, 30

**Session 2** December 7, 14, Jan 4, 11, 18

**Session 3** January 25, February 1, 8, 15, 23

**Footskillz Sessions** (Ages 10-16) \$100  
FHSC members \$75

**Session 1** November 2, 9, 16, 23, 30 December  
7, 14, January 4

**Session 2** January 11, 18, 25, February 1, 8, 15,  
23 March 7

**Strikers Clinics** (Ages 10-16) \$100  
FHSC Members \$75

**Session 1** November 2, 9, 16, 23, 30 December  
7, 14, January 4

**Session 2** January 11, 18, 25, February 1, 8, 15,  
23 March 7

Are you registered with the Fuller  
Hamlets organization? YES NO

**MEDICAL RECORDS**

Massachusetts General Law requires campers to have current records of physical examination and immunizations on file. Parents/guardians of each camper shall, prior to attending camp, furnish the following documents prepared and signed by a licensed health care provider to Hamlets Soccer Camp.

1. A health history, to include allergies, required medications and any health condition, which may effect the child's activities while attending camp.
2. A report of a physical examination conducted within the preceding 24 months.
3. An immunization record, to include Measles, Mumps and Rubella (MMR) vaccination; polio vaccination; Diphtheria, and Tetanus Toxoids and Pertussis (Dta//DTP/DT/Td) vaccination and Hepatitis B vaccine for all children born on or before January 1, 1992.

**Or register online at  
FullerHamlets.com**

**MEDICAL RELEASE**

In consideration of the applicant's attendance at the Summer Soccer Camp, I/we the parents/guardians of the applicant hereby give my/our approval of his/her attendance and participation in any and all activities during the Summer Soccer Camp. The applicant is in good health and able to participate in the physical activity of a vigorous soccer program. I/we do assume all risks and hazards related to participation including transportation to and from the camp. I/we hereby waive, release, absolve, indemnify and to hold harmless the Hamlets Soccer Camp, Club and all involved with the club, Camp Director and staff, other participants and person(s) transporting my/our son/daughter to the camp, for any claim resulting from athletic, dental, or bodily injury that may occur to my son/daughter while attending the camp. Also it is my/our understanding that the Fuller Hamlets Soccer Club does not carry medical insurance and that my insurance is expected to cover my child's injuries. I authorize the Camp Director to act on my behalf in any emergency requiring medical attention. I/we understand that the applicant is subject to immediate dismissal if he/she does not comply with the camp rules and regulations, or if the applicant is found to be detrimental to the best interest of the camp.

**Signature of Parent or Guardian:**

\_\_\_\_\_  
Medical Insurance Company:

Policy Number:  
\_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Family Doctor  
\_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Medical Problems:  
\_\_\_\_\_

\_\_\_\_\_  
(if none,  
please state none)

Inquiries: Marc Bowden, (508) 798-5214 or E-mail  
[hamletssoccercamp@msn.com](mailto:hamletssoccercamp@msn.com)  
Send Applications and Payment to:  
HAMLETS SOCCER CAMP,  
49 Berwick Street, Worcester, MA 01602  
Please make checks payable to:  
Hamlets Soccer Camps