



SPORTZONE SOCCER TRAINING CLASSES

17 Years in developing the best soccer players!

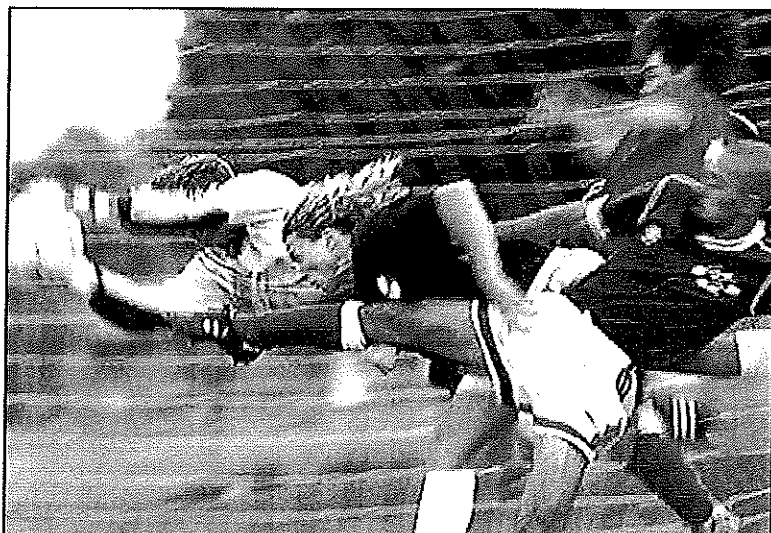
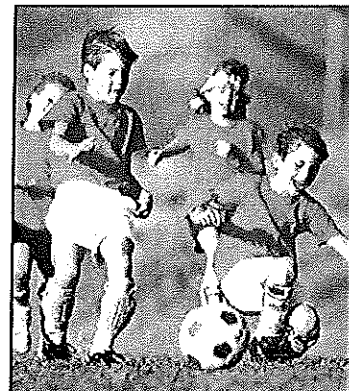
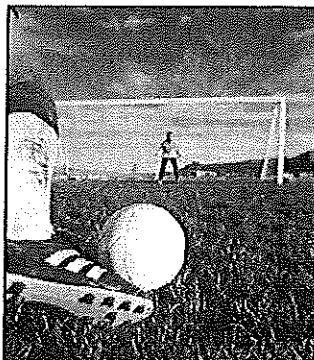
2009 / 2010 Schedule

2009

- Nov. 20
- Dec. 4, 11, 18

2010

- Jan. 8, 15, 22, 29
- Feb. 5, 12, 19, 26
- Mar. 5, 12, 19, 26



Private lessons available for Middle - High School, and College age players

Ages: 6 - 14 years old.

Time: 4:30pm - 5:30pm

Location:

SPORTZONE • Alliance, OH

High School players Boys and Girls write your name or questions at the front desk if you want to be a better player next year and need to improve your skills, agility and speed.

Mail your form today!



MEDICAL RELEASE FORM



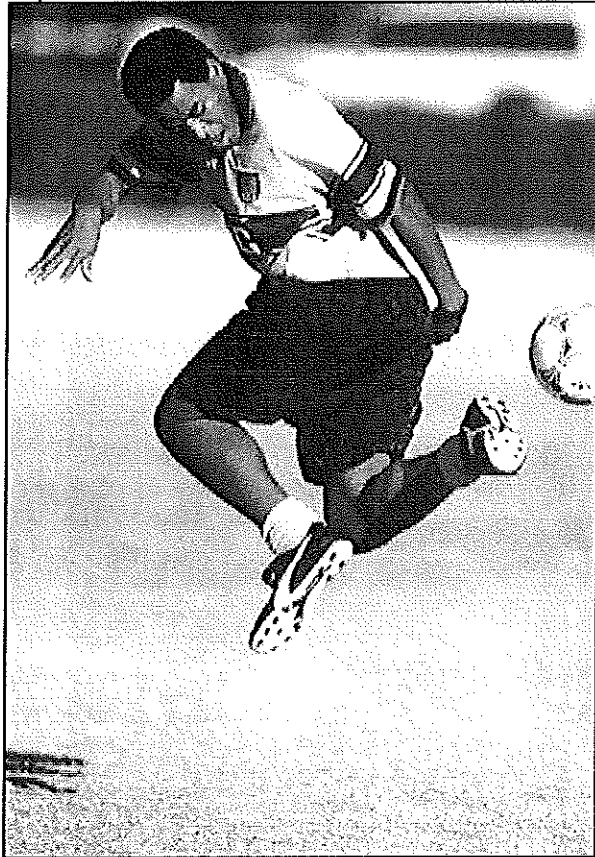
medical / liability release

I hereby, acknowledge the health of _____
to be adequate for any soccer practice or games and I authorized the director to secure Emergency Medical Treatment if deemed necessary. I waive and release all claims against Amado Sandoval, Coaching Staff and Sportzone Soccer Field for any accident that may occur during any soccer lessons or games.

Parent / Guardian Signature _____ Date: _____

SPORTZONE SOCCER TRAINING CLASSES

WITH AMADO SANDOVAL AND COLLEGE PLAYERS



Nov. 20th - Mar. 26th 2010

- **FOOTSKILLS**
- **BENDING THE BALL WITH INSIDE AND OUTSIDE THE FOOT**
- **TRAPPING WITH SPEED AND UNDER PRESSURE**
- **ONE VS ONE TOURNAMENT**
- **PASSING COMPETITION**
- **SHOOTING SKILLS**
- **DEFENDING & ATTACKING**
- **THE ART OF FREE KICKS AND DEAD BALL SITUATIONS**
- **MOVES FROM GREAT PLAYERS**
- **PRIVATE LESSONS AVAILABLE (AGES 13 AND OVER, SPACE LIMITED)**
- **COMING SOON: SOCCER TRAINING CLASSES FOR HIGH SCHOOL BOYS / GIRLS**

IF PLAYERS ARE INTERESTED IN A TREMENDOUS SOCCER LEARNING EXPERIENCE THIS WINTER YOU MAY WISH TO CONSIDER THE SOCCER CLASSES.



REGISTRATION FORM



Name _____ Age _____ Birthday _____

Address _____ City / Zip _____

Telephone _____ School _____ Grade 09-10 _____

Cell _____ Email _____

Soccer Experience / How many seasons?

No Experience _____ Recreational _____ Travel Team _____ Select Team _____ Co-Ed _____ High School _____

*Complete this application form and mail it with payment. (made payable to Amado Sandoval) to:

Amado's International Soccer School

2215 West State Street • Alliance, Ohio 44601 | amado@homeschopper.com | 330-206-5964

14 classes: \$100.00 payment by Nov. 19th 2009 or \$10.00 payment at the desk everytime you come.