

## The Summit Academy

The Summit Academy is very pleased to announce the addition of its Strikers clinics. I assure you if its goals you are looking to score these are the clinics for you. As with all Summit clinics enrollment is limited to assure the highest level of instruction attainable, assuring you of student to instructor ratios that only private tutoring can surpass.

**Call NOW to ensure  
Your enrollment.  
(503) 557-0843**

*Great Clinic for two forwards from the same team*



## Summer Sessions 2001

**Location: LaSalle H.S.**

**Tuition: \$175.00**

**Tuition must be received in advance in order to guarantee a place in your desired clinic(s). There are no exceptions.**

### INSTRUCTIONAL EMPHASIS

- o Placement Shooting
- o Long Range Power Shooting
- o Heading for Goal
- o Near & Far Post Runs
- o Small Group & Combination Play
- o Dribbling for Speed
- o Breakaway Technique & Tactics
- o 1 V 1 Theory
- o Attacking Numbers Up & Numbers Down
- o Exploiting Goalkeeper Weaknesses
- o Striker Wars
- o Interval & "Pressure" Training
- o Plyometric, Footwork & Speed Training
- o Penalty Kicks

### STRIKERS CLINIC

**July 23 to July 27**  
**July 30 to Aug 3**  
**August 6 to 10**  
**August 13 to 17**  
**August 20 to 24**

**CALL NOW 503.557.0843**

## Waiver & Release

I am aware that competing in any soccer event contains an element of risk. I should not enter and participate unless I am in good physical condition. I also agree to assume all risks of participation in this event and will personally inspect field conditions to be of my satisfaction, I also assume all risks due to extreme temperatures as well as contact that may occur with other competitors and or instructors. Having read this waiver of liability and knowing the facts and considerations of the acceptance of my entry, I hereby release H. LeRoy Neal and any volunteers associated with this clinic from any and all claims of liability, even though the liability may arise out if negligence on one of the aboved mentioned persons or parties.

If a parent signing for a minor, then in consideration of the persons named allowing my child to participate, the below signed agrees to hold the above named parties harmless from any and all claims of liability made by the child after said minor becomes an adult. I agree to personally inspect playing surface and field conditions as well as equipment before each activity/training session and will deem them safe for participation for the enrolled student(s) before I participate.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TUITION INCLUDED:

E-MAIL:

Make Checks payable to Summit Academy