

Instructional Emphasis

Footwork
Footspeed
Field of Play
Weight Distribution
Covering High Shots
Covering Low Shots
Angle Play
Crosses
1 v 1 Breakaways

All-Time Favorites

Catch Five
Goalkeeper
Wars



**SUMMIT
GOALKEEPING**

503.557.0843

ENROLLMENT IS LIMITED.

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 CLINIC

This clinic will be designed around goalkeepers who need extra emphasis placed on the technical aspects of the position. This is by NO MEANS to be considered a beginner goalkeeping clinic; with the limited enrollment as such the level of EVERY clinic is tailored to fit each member of EVERY Summit clinic.

June 11th to 15th July 9th to 13th
June 18th to 22th July 16th to 20th

CONDITIONING CLINIC

This clinic would be recommended for those who have attended an advanced Summit clinic in the past and are AWARE of the mental and physical demands that are placed on each student in attendance.

July 23th to July 27th Aug. 13th to 17th
July 30th to Aug. 3 Aug. 20th to 24th
Aug. 6th to 10th

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 of 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: _____ ZIP: _____

PHONE: _____

SESSION DATES: _____

TUITION: \$175 All Clinics 6 PM - 8 PM

Make Checks payable to **LeRoy Neal**