

Mission Statement

Our mission is to provide an environment where committed Strikers of all ages can develop a true working understanding of the position of Striker.

All Strikers who attend will be motivated to gain a better understanding of their physical strengths and what role these play in 'their' game. We at the SA can achieve such high results from our students by guaranteeing the best student to instructor ratio.



Director: LeRoy Neal

LeRoy has been coaching soccer for 20 years here in Portland and is currently coaching the Varsity Boys at West Linn and is on the West Side Metros coaching staff.

**CALL NOW TO ENSURE ENROLLMENT
503.557.0843**



Summit Academy
16226 S Hunter Ave
Oregon City, Oregon 97045

Strikers Academy

Training the Strikers of tomorrow
today

Strikers Academy 2004



Visit us on the web at
Strikersacademy.com

Strikers Academy

Call now 503.557.0843

Strikers Academy 2004

This will be the fourth year that the Strikers Academy will be conducting these specialized clinics. Please keep in mind that no session will have more than 6 Strikers in any one session, with this in mind we **strongly recommend** that you **call now** to check availability for your prospective student in the week you desire.

Instructional Emphasis

- * Placement Shooting
- * Long Range Power Shooting
- * Heading for Goal
- * Near & Far Post Runs
- * Small Group & Combination Play
- * Dribbling for Speed
- * Breakaway Technique & Tactics
- * 1 V 1 Theory
- * Attacking Numbers Up & Numbers Down
- * Recognizing & exploiting Goal keeper Weaknesses
- * Striker Wars

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These clinics really are what the game is all about

SCORING GOALS



SUMMER SCHEDULE 2004

(Select from weekly sessions below)

July 26th- 29th

August 2nd- 5th

August 9th – 12th

August 16th – 19th

All sessions held from 6pm to 8:30pm

La Salle High school

***Tuition \$175**

***Make Check Payable to: LeRoy Neal**



WAIVER AND 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: _____

ADDRESS: _____

CITY: _____ State _____

Zip _____ Date Of Birth: ____/____/____

PHONE: () -
Work No. () -

Parent X _____

**TUITION: \$175 MUST be included to ensure
reservation in session(s)**

SESSION DATES: _____/_____/_____

Email:
(please call to have your enrollment confirmed prior to sending tuition)

Make Checks payable to LeRoy Neal