



All England Soccer Camps

PROGRAM A - SKILLS PREPRATION - AGES 6-10

Develop Fundamental Techniques
Instill a Love of Playing Soccer

PROGRAM B - ADVANCED - AGES 11-15

1v1 - Creating space - Defending - Possession - Transition
Game Related Small Sided Practices

CAMP DATES / TIMES / LOCATIONS

Aug 17 to Aug 21 9:00 AM to 12:00 Laguna Niguel, Chapparosa Park
(25191 Chapparosa Park Road, Laguna Niguel 92677: www.tinyurl.com/chapparosapark)

Aug 31 to Sept 04 9:00 AM to 12:00 Laguna Beach, Moulton Meadows
(Balboa & Del Mar, Laguna Beach 92651: www.tinyurl.com/moultonmeadows)

Each weekly session is only \$100 per player!

The All England Soccer Academy Staff has compiled a manual of drills and practices for coaches of all ages for purchase. It is a must for coaches volunteering in the Fall. [Coaching Manual \\$20](#)

Directed by:
Andy Thomas



Each player attending a camp will receive a Camp Soccer Ball, T-Shirt, and Player Evaluation!

3-Time C.I.F.
Championship Coach

LA Times
Coach of the Year

15 Years of Training
Soccer Players



All England Soccer Academy

Name: _____ Camp Date: Aug 17-21 ___ Aug 31-Sept 04 ___
 Address: _____ Select Program: Program A ___ Program B ___
 City: _____ State: _____ Zip: _____
 Email: _____
 M or F: _____ Age: _____ Date of Birth: _____
 T-Shirt Size: YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____
 Camp Ball Size: 3 _____ 4 _____ 5 _____ Extra Soccer Balls: \$20 _____ Extra T-Shirts: \$15 _____

Simply fill out this application
and mail with the payment to:
All England Soccer Academy
25108-B Marguerite Parkway • Box 66 •
Mission Viejo, CA • 92692
Phone (949) 293-5701
Email: allenglandsoccer@msn.com

MEDICAL CONSENT AND RELEASE OF LIABILITY

Health Insurance Carrier Policy #: _____

We consent to any x-ray examination, anesthetics, medical, surgical procedures that may be performed or prescribed by our family physician. Or emergency physician on duty at a licensed hospital. We understand that soccer is a contact sport that may result in minor or serious injury. We release Andy Thomas, The All England Soccer Academy and staff and sponsors from any and all liability. I certify that he/she is in excellent health and has no physical, mental, or emotional problems.

Physician's Name: _____

Address: _____

City: _____ Phone: _____

Parent Name: _____ Signature: _____

