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# Al Reynolds Soccer School presents:

THE TOTAL SOCCER SUMMER LEARNING EXPERIENCE - in Strongsville, Ohio



**Camp Director-**  
**Al Reynolds**

Coaching Staff:

Al Reynolds  
Patrick Haney  
Steve Zacharski



**Camp Sessions - Week of:**

June 4-8	July 9-13	July 31-August 4
June 11-15	July 16-20	August 7-11
June 18-22	July 23-27	August 13-17
June 25-29		

**Time: 9:00 AM - 12:00 PM**

**Fee: \$150 per student for the week of camp**  
**Fee includes camp t-shirt**

Please make checks payable to:

Al Reynolds Soccer School

**Location:** Strongsville, Ohio 44136

**Email for Information:**

For more information: [www.alreynoldssoccer.com](http://www.alreynoldssoccer.com)



11351 Pearl Road • Strongsville, Ohio 44136

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## SUMMER SOCCER CAMPS 2018



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# CAMP PHILOSOPHY...



Al Reynolds Soccer School Summer Camps are uniquely designed for players of all ages and at any skill level. Al Reynolds uses advanced South American teaching concepts combined with modern training techniques to develop the camper into a complete soccer player. Daily sessions are intended to both challenge the player and enhance their skill set. For the players that are just starting out, the focus will consist mainly of drills planned to teach the five basic skills: ball control, heading, dribbling, passing, and shooting. The training sessions for more experienced players center on high-level footskills used to increase the player's speed and overall technique. Developing your soccer skills is a long process that must be done on a regular basis. Regardless of whether you are a beginner that is just starting out or you are a high school varsity soccer player with years of experience, your skills must be consistently practiced. **Al Reynolds Soccer School - Summer Camps 2018** is a superb way to achieve this.

**Al Reynolds Soccer School is Northern Ohio's Advanced Footskills Soccer Camp**

# COACHING STAFF...

## AL REYNOLDS

National Team soccer player for Uruguay. First Division starting positions in Uruguay and Mexico. Played Pro Soccer in the United States, Canada, and in numerous cities, including the Cleveland Cobras. Extensive coaching and teaching experience at all levels.

## PATRICK HANEY

*Fordham University NCAA Division I Men's Soccer Team – starting midfielder /defender – Fall '03, '02, '01 & '00. ODP State Team – '94 - '00, ('00 captain). Cleveland United – '96 - '00 (5-time state champions, 2-time national indoor champions). Strongsville Varsity Mustangs – 1997-2000 ('97 state champions).*

## STEVE ZACHARSKI

*Professional soccer player in Poland, England, and USA. Extensive coaching experience - high school, premier, travel - USA and Holland. Graduate UEFA Trainers School (2008) - current professional license.*

## IMPORTANT INFO:



- Camp will **NOT** be cancelled due to normal rainfall. If there is excessive lightning or thunder, students will take shelter.
- Once we have received your forms/payment, you will receive an email containing maps to the soccer fields and other related information. This email will be sent to you a week before the week of camp that you are signed up for.

## CAMP REGISTRATION 2018 - \$150.00 per Student for the Week

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Emergency # \_\_\_\_\_  
 School/Travel/Club Team \_\_\_\_\_ Field Position \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Sex: M F  
 Camp Session: Date \_\_\_\_\_ Physical or Medical Problems \_\_\_\_\_

### **PARTICIPATION WAIVER & MEDICAL RELEASE - Please read and sign:**

In consideration of the acceptance of my child's/ward's participation and involvement with Al Reynolds Soccer School, I hereby, for myself and child/ward, our heirs, executors, release Al Reynolds, his coaches, agents and employees, from any and all injuries or illness sustained or incurred by my child/ward as a result of his/her involvement in, participation of an or all associated activities.

By executing this document, I hereby assume, on behalf of my child/ward, all risk or injury or loss to which he/she may be exposed.

**I acknowledge that I have read and fully understand this waiver.**

Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to and mail to: **Al Reynolds Soccer School**  
 11351 Pearl Road  
 Strongsville, Ohio 44136



Circle Shirt Size: Youth Large Adult Medium  
 Adult Small Adult Large