

# Sporting Futbol Club 2004-2005 GOALIE TRAINING PROGRAM



## Information and Registration Form

- For:** Open to all players, boys & girls, currently playing or interested in playing goalie
- Training Program:** The Goalie Training program is a 10 week course designed to cover all aspects of playing the position of goalie. The course will cover the unique position of goalkeeping and its physical requirements and the laws of and psychological dimensions of goalkeeping. Each one-hour class will consist of a warm up, specific exercises and stretching. Exercises to be covered include the throw and catch, starting position, fielding shots below the waist and high shots, deflecting, punching and distribution, positioning for angle shots, getting out of the goal line, receiving back passes, corner kicks, deployment of defensive players, free kicks, setting walls, penalty kicks and long throws.
- Instructor:** The instructor for the Goalie Training program is Heber Vidal. Coach Vidal played for a professional team in Columbia, South America. He was also a goalkeeper's coach in Columbia.
- Fees & Location:** \$50 for the 10 week session  
(Fee waivers are available. Call the number below for an "Application for Fee Contribution.")  
All sessions on the indoor fields at the Midwest Sports Complex
- Days & Sessions:** Training is on Sundays, January 23 through March 27, 2005  
U8 – U12 – 3:00 – 4:00 pm  
U13 & older – 4:15 – 5:15 pm

**Check session(s)**

\_\_\_\_\_ U8 – U12                      \_\_\_\_\_ U13 & Above

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male or Female (Please circle)                      Team: \_\_\_\_\_ School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list allergies or special needs: \_\_\_\_\_

**Liability Waiver and Medical Release**

I understand the nature of the Sporting Futbol Club Goalie Training Program and its intent to provide supervised training sessions. Understanding the nature of the activity, I waive all claims against Sporting Futbol Club and Midwest Sports Complex, LLC, and the coaches, supervisors, and referees appointed by any of the foregoing entities for any injury to my child that relates to his or her participation in programs sponsored by said entities. Further, I authorize Sporting Futbol Club and its coaches or persons appointed by them to supervise the events, to obtain a physician to administer emergency treatment, and if necessary, transport my child to the nearest medical facility.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Registration Form and Payment to Sporting Futbol Club, P.O. Box 294, Mossville, IL 61552  
For additional information about the Goalie Training Program or Sporting Futbol Club  
call 309-579-3535 or go to [www.sportingfc.org](http://www.sportingfc.org).**