



FLORIDA REVOLUTION – PEAK PERFORMANCE
SUMMER SOCCER CAMP

Date: June 13 through June 16, 2011
Age Groups: Boys and Girls U-8 to U-14
Training Sessions: Monday through Thursday from 9.00 a.m. until 12.00 Noon
Location: Summerfield Soccer Complex,
11942 Big Bend Road, Riverview, Fl 33579

Camp Coaching Staff

John Clare: A former standout of the Ft. Lauderdale Strikers. He was one of the first Americans to play professional soccer in Germany in Werder Bremen and VfL Osnabrueck. He has already an extensive record of coaching at the Club Level in North Carolina and Florida. Currently he is the DOC at Florida Revolution in Tampa. He holds the USSF A License.

Juan E De Brigard: 30 years of soccer coaching experience including First Division Teams in Colombia. He has coached many players who went all the way to the World Cup Level and is a seasoned Goalkeeper Coach. He holds the prestigious Fussball Lehrer Title of the German Football Federation, which is the equivalent of the UEFA Pro License Education.

Steve Peet: Co-Founder of the Stuart Youth Soccer Club in 1997. He is one of the most experienced Youth Coaches in USA. As a DOC he developed very successful programs at Team Boca, Lakeland Lazars and Brandon Flames.

Guest Coach

Gora Sen

Sports Director of the Youth Development Center in Tennis Borussia Berlin
U19 Boys Head Coach, Tennis Borussia , A - Jugend Bundesliga
Coach Educator within the DFB Coaches Education Program
B.S. English and History, Freie Universitaet Berlin
A Coaching License, Deutscher Fussball Bund

Cost: \$125.00 per player
Last day to register: 06/ 08/ 2011
To register complete and detach the form below and mail it
with payment to: Florida Revolution Soccer Club
11942 Big Bend Road, Riverview, Fl 33579
Make checks payable to: Florida Revolution Soccer Club
E Mail: johndoc@tampabay.rr.com
Phone: 754 244 3016
www.flrevolution.com



**Proud Partners of
Peak Performance
Soccer Academy**

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Florida Revolution - Peak Performance
Summer Soccer Camp 2011



NAME: _____ **SEX:** (circle one) Male Female
DATE OF BIRTH: _____ (MM/DD/YYYY) **AGE GROUP:** U-_____
HOME PHONE: _____ **E-MAIL:** _____
FATHER'S NAME: _____ **PHONE:** _____
MOTHER'S NAME: _____ **PHONE:** _____

I certify that my child is medically qualified to attend the Peak Performance Soccer Camp. I hereby authorize the staff to act for me in my absence according to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer emergency care. I waive and release Florida Revolution Soccer Club and its representative(s) and Peak Performance Soccer Academy and its representatives from liability for any injuries and illness incurred while at the Summer Soccer Camp.

Parent/Guardian (print): _____ **Signature:** _____