



UMASS LOWELL

SUPER 70

BOYS SOCCER ACADEMY

August 2nd - 5th, 2010 5 - 8 PM Boys ages 13 - 17 \$150
Cushing Field Complex – UMass Lowell (Natural Grass and Field Turf)

The UMass Lowell “Super 70” Academy (S70) will prepare the advanced soccer player for the competitive environment of their high school, club or academy season, and beyond. Capacity is limited to 70 participants – 62 field players, 8 goalkeepers - to ensure a limited coach-to-player ratio for the best learning environment. This academy is sure to fill up fast, so call 978.934.GOAL or email Bryan_Scales@uml.edu to reserve your spot.

Academy Director: Bryan Scales

- Head Coach, UMass Lowell Men’s Soccer
- Head Coach, New England Revolution U16’s US Soccer Development Academy
- Assistant Coach, US Under - 15 Boys National Team
- Former Division I Head Coach, Cornell University (11 years)
- Former Division I soccer player - Hartwick College





With almost 20 years of coaching experience at all levels, Coach Scales and his experienced staff will put all of the participants in the best possible environment for personal development. Training sessions will be based around improving speed of play, increasing technical proficiency and decision-making. Many of these training sessions are patterned after US Soccer's "Best Practices" Guidelines for Player Development and based on Coach Scales' coaching experience at the collegiate, youth national team, and MLS Academy level.

Daily Schedule:

- 5:00: Dynamic Warm-up (in teams)
- 5:15: **Phase I** - Technical Progression
(Goalkeepers with GK Coach)
- 5:45: **Phase II** - Daily Training Topic
(conducted within small-sided exercises)
- 6:20: Training topic wrap-up and pre-game team talk
- 6:30: **Phase III** - Matches (2 x 35 min.)
- 7:45: **Core Work** - Stretching
- 8:00: Wrap-up and Dismissal

The UML S70 Academy is limited to the first 70 participants. A non-refundable initial deposit of \$50 is due before July 15, 2010. Call 978.934.GOAL or email Bryan_Scales@uml.edu to reserve your spot today.

Detach Here

Registration - Please make checks payable to **UMass Lowell Men's Soccer** and return this form to:

Camper Name _____ Birthdate: _____ UMass Lowell Men's Soccer
Address: _____ Position: _____ Costello Athletic Center
Primary Email: _____ Phone: _____ T-Shirt Size: _____ One University Avenue
Lowell, MA 01854

Emergency Contact Name/Number: _____

Insurance Information:

Parent(s) Name (s): _____ Insurance Company: _____

Policy Number: _____ Group Number: _____

Allergies/Medication: _____

UMass Lowell Soccer, and its directors, staff and associates assume no responsibility for accidents and medical or dental expenses incurred as a result of participation in this sports camp. All participants must submit their insurance information to be eligible to participate in the camp. In case of emergency, I authorize UMass Lowell Athletics to arrange the necessary medical treatment for my child.

Parent Signature: _____