

Enrollment is Limited . . . Register Early!!!!

APPLICATION

Name: _____

Address: _____
Street

_____ City _____ State _____ Zip

Phone: _____

Email Address: _____

Date of Birth: _____ Age: _____

HT: _____ WT: _____

High School: _____

Club Team: _____

CIRCLE the appropriate selection below:

Adidas Shirt Size: Adult XL, Large, Medium, Small
 All Campers Receive Additional Adidas Gear
 Camp Options
 Extended Discount Offer
 Early Sign up before **7/1** **\$495**
 Day Camp Only
 (Includes Lunch and Dinner) **\$445**
After 7/1/2010 **\$555**

Register by Mail or Online

Deposit of \$200 is due with application
 (Refundable up to 14 days prior to start
 minus \$75 processing fee)
 Total Check: _____

Register online @ www.matzsocceracademy.com
 Visa/Master Card accepted
 Checks should be made payable to:

Ed Matz
 Academy Director
 Head Women's Coach, UMASS-Amherst

Mail to: Ed Matz
 2 Silva Street
 Milford, MA 01757

Phone: 413-545-4343

Fax: 413-545-1404

Email: edmatz@admin.umass.edu



UMass Women's Soccer

**15 Appearances in NCAA
 Tournament**
6 Appearances in NCAA Final Four
5 Atlantic-10 Championships

40 All Americans
60 All New England Honorees
60 All Atlantic-10 performers
16 NSCAA All-Region selections
8 Atlantic 10 Player of Year Awards
4 Atlantic-10 Tournament MVP's
NCAA Tournament MVP
Adidas Goalkeeper of the Year
National Player of the Year
(Hermann Trophy)

Matz Soccer Academy 2010

at



Girls Residential or Day Camp
@UMass Amherst
July 25-July 28 Ages: 13 - 17 only
For Teams or Individuals

www.matzsocceracademy.com



Academy Director



**Head Coach
University of
Massachusetts
First Year**

Ed Matz

2009 CAA Coach of the Year

Ed Matz, the former Head Women's Soccer Coach at Northeastern is the winningest coach in NU history on both the Men's and Women's side and former **America East Coach of the Year** in 2000 and 2002. Matz is also the coach of the MA U-16 Girls State Team.

Over his 13 year career as a NCAA Division I head coach, Matz has taken his teams to 5 America East and CAA Championship games winning one championship with the men and one with the women and 3 Regular Season Championships. He has been named conference Coach of the Year 5 times in his career.

Academy Staff

Brendan Faherty
Abby Shiffler
Chris Flint
Richie Grant
Christine Taggart
Kristen Slater
Sarah Rahko
Tiffany Weimer

Assistant UMass
Assistant UMass
Bryant College
U. of Memphis
Former US National Team
Former Boston Breaker
Georgia State Assistant
Boston Breakers

Tuition: \$555 After 7/1
Early Discount \$495 Prior to 7/1

LOCATION: UMass Amherst

Check In Date: Sunday, July 25, 12:30-1:30 pm

INSURANCE: Athletes must provide their own insurance. The academy will have an athletic trainer on duty at all times.

REFUNDS: Refund up to 14 days prior to academy less \$75 Processing fee, No Refunds w/o 14 day notice

WHAT TO BRING: A detailed letter with check-information, required documents, directions, and what to bring list will be mailed by July 1, 2010.

The Academy is open to both individual players and teams.

Sunday-Wednesday Schedule

Sunday

12:30-1:30 PM
3:00 PM
3:45-5:15 PM
5:00 PM
6:30-8:30 PM

8:00 AM

8:15 AM

9:00 AM

9:15 – 9:30 AM

9:30 – 10:10 AM

10:15 -11:00 AM

11:05-11:45 AM

Noon – 1:30 PM

1:30 – 2:05 PM

2:10 – 2:45 PM

2:50 – 3:30 PM

3:45-4:45 PM

5:00 PM

6:15 PM – 8:15 PM

9:00-11:00 PM

Saturday July 31 ,

9:15 – 11:30 AM

11:30-Noon

Schedule

Check-In
Camp Meeting/Introductions
Session I
Dinner
11 v 11 Match Play

Wake-up

Breakfast

Check In for commuters

Ball Warm-up and Stretching

Catz Training

Technical Training I

Technical Training II

Lunch Free Time

Tactical Session I

Tactical Session II

Small Sided Games

Free Time/Pool

Dinner

11 v 11 Match Play

Sun –Movie Night

Tues- Coaches Night

Tues-Ice Cream Social

World Cup Full Sided Match

Play

Check Out



Please indicate the following information below.

No academy application is complete without this information!

Health Insurance

Company: _____

Policy #: _____

Physician Information

Doctor: _____

Phone #: _____

In case of an emergency, it is necessary for us to have both home and work telephone numbers for the camper's parent/guardian.

Home #: _____

Work #: _____

Camper's Name: _____

I (please print) _____
Parent/guardian of above camper hereby authorizes the staff of Matz Soccer Academy to act for me according to their best judgement in any emergency requiring medical attention for the above camper. I understand that neither the Matz Soccer Academy or The University will be held liable for accidents and medical and dental expenses incurred as a result of participation at the Academy. Campers are responsible for property damage and may be sent home without refund for violation of camp rules.

The Academy operates in compliance with the State of Massachusetts Regulations and Licensing Policies regarding the operation of summer camps.

Parent/Guardian Signature

Date: _____

Additional Forms and Brochures available on line at
www.matzsocceracademy.com

