

ABOUT SOCCER TUTORS...

The goal of our organization is to help players learn or improve the technical skills that are fundamental to the game of soccer. We want to create a learning environment where participants will receive individual attention and guidance as they develop their own potential, and discover the fun and beauty of the most popular game in the world!

Coach Calixte is a long-time resident of Gainesville, FL, and has been involved in many aspects of the game of soccer. He has served as an assistant coach in the youth recreational league; a player, team captain and vice-president of the adult amateur league. He is also a certified United States Soccer Federation referee, and has received his coaching license from the National Soccer Coaches Association of America. He currently serves as Varsity Head Coach at Cornerstone Academy in Gainesville, where he led the varsity Cougars to five consecutive Florida Christian Athletic League championships in 2005 – 2009, and two National Championships from the National Association of Christian Athletes in 2007 and 2009.

SOCCER TUTORS
2009 SUMMER CLINIC
1951 NW 40th PL
Gainesville, FL 32605
soccer_tutors@bellsouth.net



2010 SUMMER CLINIC
MAY 31 – JUNE 25



2005 - 2009 FCAL CHAMPIONS



For more information, contact Coach Calixte (NSCAA licensed) at soccer_tutors@bellsouth.net

SOCCER TUTORS CLINIC PROGRAM

Mon/Tue Thu/Fri

Week 1: May 31, June 01 – June 03, 04

Week 2: June 07, 08 – June 10, 11

Week 3: June 14, 15 – June 17, 18

Week 4: June 21, 22 – June 24, 25

Session I : Ages 13 - 19

Time: 5:15PM – 6:45PM

Session II : Ages 6 - 12

Time: 6:45PM – 8:15PM

Costs: \$ 75.00 per week or
\$ 250.00 for 4 weeks

Our 4-week program is designed to focus **in depth** on the techniques and skills that are fundamental to becoming a soccer player. Participants will receive individual coaching to learn or improve these skills: dribbling (week 1); passing and receiving (week 2); playing defense (week 3); shooting and scoring (week 4). Participants will also play small-sided games to enjoy the fun and beauty of the game of soccer while receiving appropriate tactical instructions.

SOCCER TUTORS CLINIC REGISTRATION

Participant Information & Clinic Dates

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Date of Birth: _____ Age: _____

Gender: _____

I want to register for soccer clinic(s) on:

May 31 – June 04 **JUNE 14 - 18**

JUNE 07 - 11 **JUNE 21 – JUNE 25**

Clinic location: Santa Fe College, 3000 NW
83rd St., Gainesville, FL 32606

Parent/Legal Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

In case of emergency, contact:

Name: _____

Telephone: _____

Relationship: _____

Waiver Agreement

I, the parent/legal guardian of _____ hereby give consent for him/her to engage in all **SOCCER TUTORS** activities. I further agree to hold harmless **SOCCER TUTORS** and its agents from any and all liability of every kind and sort that may occur because of participation in this clinic. I understand that all necessary precautions will be taken for the welfare and safety of my child. Pictures and/or other recordings of this clinic may be used in future promotional materials.

Signature of Parent/Guardian Date

Payments

A \$25 non-refundable deposit is required to hold your spot for each session. Balance must be paid 2 weeks before each session. Discounts available for siblings and groups on weekly fee. All checks must be made to **Soccer Tutors** and mailed to the following address: **1951 NW 40th PL, Gainesville, FL 32605.**

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