



LONDON SOCCER ACADEMY

Polices & Waiver:

REGISTRATION AND ABSENT POLICIES

1. Payments for the session must accompany the registration form; if you are unsure of the amount of payment, please contact the Camp Director, Alan Blackwell. Cash, e-transfer or make cheque(s) payable to: BB Kare Inc. Verbal registrations cannot be accepted.

2. In order to make-up a missed session, a 24 hours notification is required for organizational & safety reasons.

TERMS OF AGREEMENT

1. I/We agree to allow my child to participate in all camp activities.
2. I/We agree to release and indemnify LSA from any and all claims for damages arising as a result of accident, injury, or otherwise sustained by the herein named child, arising from participation in any camp activities.

3. I/We give permission to the staff of LSA to seek medical assistance and treatment for my child in the event of an emergency, if parent or emergency designate cannot be contacted.

4. I/We understand that the camp does not accept the responsibility for damage to, or loss of, personal belongings during the program.

5. I/We understand that there is a late pick-up fee and agree to pay LSA the following: \$5 for any part of each ten minute interval after 4:25pm will be charged at the time of pickup.

6. I/We understand that the Program Director has the right to terminate the registration of any student when it is deemed by the Program Director to be in the best interests of the child, or the soccer Program.

7. I/We give LSA permission to use any photographs/videos of my child taken during camp on the camps website or for camp promotions.

Medical/liability Waiver:

As parent/legal guardian of the above named minor, I have verified that the information on this form is correct and I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation, including risks of serious injury, and do hereby release and waive all claims against London Soccer Academy, and its staff and other participants

I/We have read, and understand all the information in this registration package, including the terms of agreement, registration and refund policies, and agree to abide by the conditions outlined above.

Parent/guardian print name in full:

Date: _____

DISCOVER THE PLAYER WITHIN



PARENT ENDORSEMENT:

“Thanks again for all of your efforts. You’ve truly helped Cole re-ignite his passion for the game.” Jeff Campin, father of Cole, Grade 5, Team.

Coach Alan Blackwell
Contact No: 647-713-7094
(After 6:00pm week nights)

Or

See Mr. Alan Blackwell Room No: 146 East Wing,
Mentor College

SESSIONS CANCELLED ON SCHOOL SNOW DAYS

THE TRAINING GROUNDS

Mentor College Main Campus Field
40 Forest Avenue

Mississauga L5G 1L1

T: 905-271-3393

Phone: 647-713-7094 - After 6.00pm

Fax: 1-866-233-5273

E-mail: alannblackwell@yahoo.ca

LONDON SOCCER ACADEMY



DISCOVER THE PLAYER WITHIN

Philosophy

LSA's professionally run skill sessions are dedicated to the development of youth soccer players in a safe and fun environment. Our programs are designed to improve young soccer enthusiasts' technical and tactical knowledge of the world's most popular sport. Learning through Play is our motto.

Objective

Our goal is to provide each child with the opportunity to learn new skills and refine existing ones in an enjoyable and nurturing (while still challenging) camp experience.

Curriculum

The LSA way is founded on age, gender, and ability appropriate grouping of participants, small enough in number to allow the coach to emphasize and successfully develop players' individual ball skills. Through expert demonstration and first class technical direction, the coach can maximize the potential of players' of all sizes and levels of ability and experience. Our small-sided games provide the perfect opportunity for participants to apply the techniques and ideas offered to them in an enjoyable, competitive, and fun-filled environment.

**DUE TO COVID PROTOCOLS: PARTICIPANTS
NEED TO COME IN THEIR SOCCER ATTIRE
PRIOR TO THE SESSION.**



LONDON SOCCER ACADEMY

Coach Alan Blackwell

Coach Profile

Alan Blackwell has coached Boys' High School Soccer at Mentor College for 7 years and his academic commitment is in the Visual Arts Department where he teaches studio art and art history.

Blackwell holds the Preliminary Coaching Badge from the English Football Association, the United States Soccer Federation C level Licence and the London Football Association Goalkeeping Coaches Certificate. He was a four year soccer scholarship athlete at university in the USA and was also an NCAA Division 1 assistant coach in both men's and women's soccer.

He was a founding director of Premier Soccer Association a Washington DC soccer camp company running day and overnight camps for youth soccer players ages 5 – 17 years old.

CONFIDENCE BUILDER!

SKILL BUILDER!



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LONDON SOCCER ACADEMY

Schedule - SEPT - DEC 2021

All sessions are on Mon & Wed 3:15-4:20 pm

Price is per 8 sessions (8 contact hours).

1. SEPT 13 15 20 22 27 29 OCT 4 6

2. OCT 13 18 20 25 27 NOV 1 3 8

3. NOV 10 17 22 24 29 DEC 1 6 8

3:00—3:10 pm SK /Grade 1 –3/4 students will be picked up by staff member from their designated school exits & escorted to the field/dome/gym. Equipment required soccer attire, indoor or outdoor soccer shoes, shin guards and ball (size 3 for U8 year olds, size 4 for 8 -U12 year olds.)

3:15 - 3:20 pm warm up & stretching activities

3:20– 3:35 pm Coordination skills : balance , footwork & agilities.: Ball comfort skills, one player one ball, improving the player's touch with both feet.

3:35-3:50 pm Technical training with an emphasis on a particular skill e.g. passing the ball with different surfaces of the foot.

3:55-4:15pm Small sided games that are age appropriate.

4:20 Wrap up & player pick up by parents on field, dome or gym. **PLEASE LET US KNOW IF YOUR CHILD IS UNABLE TO ATTEND A SESSION 24 HOURS BEFORE. WE CANNOT BE RESPONSIBLE FOR SEARCHING FOR YOUR CHILD AT THE END OF THE SCHOOL DAY.**



LONDON SOCCER ACADEMY

Registration Form

Student's Name: _____

Male: _____ Female: _____

Age: _____

Address: _____

City _____ Zip _____

(Optional) Health Card #: _____

Home Phone #: _____ Cell

Phone #: _____

Allergies/Health Concerns: _____

Emergency Contact Numbers: -

1.Name: _____

Contact # _____

2.Name: _____

Contact# _____

Payment: For 8 sessions (See Schedule)

By Cheque/E-Transfer (\$) amount \$250 Inc HST _____

By Cash (\$) amount \$ 245 _____

CHEQUES PAYABLE TO: BB KARE INC

Date Received: d/m/y ____ / ____ / ____