



Elite Soccer Development

Tel: 289-214-1414 • Email: clayton.esd@gmail.com

www.elitesoccerdevelopment.com

SUMMER SOCCER CAMP GIRLS & BOYS

LANCASTER PARK - 31 Wood St, St Catharines, ON - Off Geneva opposite Fairview Mall

MINI WORLD CUP THEMED EVENTS

\$195

HST INCLUDED

Space is limited so don't delay.

Unique new drills every week.

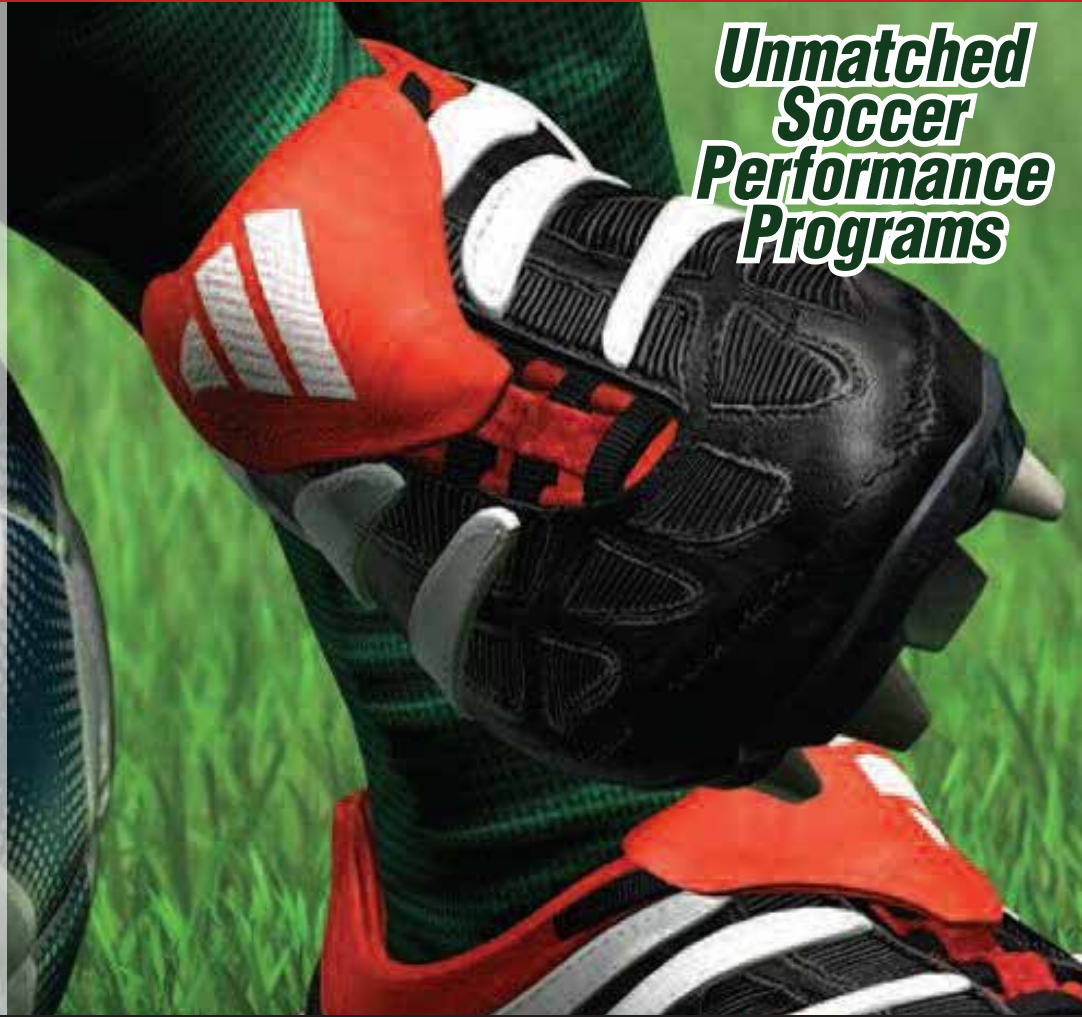
Professional training equipment to maximize players personal technique.

Rebounders, passing walls, slalom poles, agility hurdles & much more.

Learn some different words used on the soccer pitch around the World in German, Finnish, French and Spanish.

We may surprise you with more.

Unmatched Soccer Performance Programs



CLAYTON ROSARIO

Clayton has over 25 years of coaching experience with players aged 4-22 and at any skill level. He has travelled to France, Italy, Cuba, England and America to visit some of the top training centres for soccer development. Coach Clayton specializes in the Dutch and French methods. Clayton brings his years of experience and knowledge to his students.

SUMMER SOCCER CAMP:

Week 1, July 9th–July 13th

Week 2, July 16th–July 20th

Week 3, July 23rd–July 27th

Week 4, July 30th–Aug. 3rd

Week 5, Aug. 13th–17th

Camp Hours: 9:00am - 3:00pm

(Boys/Girls - Ages 6-14+)

Different drills each week.

Different contests each week

Weekly contest: 3 prizes a week.

Ask About Our September Tryout Preparation Camp



TUUKKA SALONEN

- Advanced functional trainer certificate.
- High-performance tests - German player's association & Bundesliga team Schalke 04
- Played soccer professionally for 14 years in Finland & Germany.
- 8 years of Personal and Team coaching experience



ELITE SOCCER DEVELOPMENT

SUMMER CAMPS 2018 FOR BOYS & GIRLS 6-14+

Paid By:

- Cash
- Cheque
- Paypal*

*Additional charge 2.9% plus 0.30 cents

31 Wood St, St. Catharines, ON - Off Geneva opposite Fairview Mall. Close to QEW & 406

Contact Clayton Rosario for more details: 289-214-1414

Email: clayton.esd@gmail.com

BRUCK
CHIROPRACTIC

Unit #4 3350 Merrittville Hwy., Thorold ON L2V 4Y6
905-682-0999 • www.brockchiro.ca

Player's Name: _____

Male:

Female:

Address: _____

City: _____

Postal Code: _____

D.O.B. (YY/MM/DD) _____

Telephone (Home): _____

Cell: _____

E-Mail Address: _____

EMERGENCY CONTACT

Name: _____

Number: _____

ANY HEALTH CONCERNS:

T-Shirts For First Time Participant Only. Additional shirts \$15 each
Size: S M L XL Adult/Youth

STUFF TO BRING

- Lots of water/drinks
- Lunch/snacks PEANUT FREE
- Sun Screen, Bug Spray & Hat
- Outdoor Soccer Shoes & Shin pads
- Please wear shorts & t-shirt. Bring rain jacket or tracksuit should the weather change

OUR COACHES



CLAYTON ROSARIO

President of E.S.D.
Technical Director



TUUKKA SALONEN

Academy Director of E.S.D.
German & Finnish Pro

WEEK 1 - \$195 HST INCLUDED

July 9th - 13th 9:00am - 3:00pm

Weekly contest: 3 prizes a week.

WEEK 2 - \$195 HST INCLUDED

July 16th - 20th 9:00am - 3:00pm

Weekly contest: 3 prizes a week.

WEEK 3 - \$195 HST INCLUDED

July 23rd - 27th 9:00am - 3:00pm

Weekly contest: 3 prizes a week.

WEEK 4 - \$195 HST INCLUDED

July 30th - Aug. 3rd 9:00am - 3:00pm

Weekly contest: 3 prizes a week.

WEEK 5 - \$195 HST INCLUDED

August 13th - 17th 9:00am - 3:00pm

Weekly contest: 3 prizes a week.

Cheque payable to: Elite Soccer Development Mail to: 1189 Sherk Rd, Port Colborne, ON L3K 5V3

Neither Elite Soccer Development, Clayton Rosario, ESD associates and or employees/volunteers are liable for losses or injuries occurring while participating in this program. ACCEPTANCE OF RISK: I am aware that there are physical risks and hazards inherent in the program. By participating in this program, I am exposed to risks. I agree to accept these risks and to release the organizers of responsibility for any injuries I might receive while participating in the program. In the agreement I understand "organizers" to include Elite Soccer Development, and each of their employees/volunteers associated with the program. **It is mandatory for all players to wear shin pads at all our camps.**

Acknowledgement (signed by parent): _____ Date: _____

I acknowledge having read and understood the terms of this agreement, including the associated risks. I hereby consent to my child's/ward's participations in this program. De-Registration Proof of Dr's note for full refund prior to program start. De-register 2 weeks prior to program/refund minus \$25.00 admin fee. De-register 1st day of program/50% refund. Parents/Guardians must sign this waiver before sessions begin.

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