



WINTER 2009 SPEED AND AGILITY PROGRAM

Directed by INSIDE OUT PERFORMANCE

Performance Training for the Soccer Player

WHAT TO EXPECT

This program targets areas of soccer conditioning

- Total Body Strength
- Hips/Core/Trunk Stability and Mobility
- Speed/Power Increases
- Agility and Balance Coordination
- Our creative approach to training soccer players includes -
- Individual player assessment
- Dynamic flexibility routines to increase suppleness
- Strength training for injury prevention and performance enhancement
- Speed and agility training for explosive power

FOUNDER AND INSTRUCTOR OF IOP

Derek Phillips is a former professional soccer player, local Columbia resident, and an Atholton High School graduate. Derek played soccer at the high school level and for the University of Maryland Baltimore County. Professionally, Derek played in Europe, including Germany and Ireland, and was on the Trinidad National Team. He has coached youths on the USL level and has attained his personal training certification incorporating strength training and conditioning into his program. Derek's love for soccer and his hands-on approach make him a favorite among the youths he trains.

WHO SHOULD ATTEND?

- Any soccer player who is committed to improving, becoming more competitive, and is focused on reaching goals.
- This is not an activity or just something to do. It is a very serious soccer program for very serious soccer players.
- If you have the right attitude, the sky is the limit and fun will follow.

COST OF PROGRAM

\$100 per player / \$125 non-Freestate players (max 40 per session)

DATES, TIME & AGE GROUPS OF PROGRAM

U9-U14 players, 8:30am-9:30am

U15-U19 players, 9:30am-10:30am

Starting Saturday, January 10 for 8 consecutive weeks

LOCATION

SkateZone, in Crofton off Route 3 South / Capital Raceway Rd.

REGISTRATION AND PAYMENT – COMPLETE FORM BELOW

CONTACT

Steve Campbell totalsoc@aol.com 410-627-6300

Derek Phillips dphillips75@mac.com 443-812-9967

WHAT THEY ARE SAYING ABOUT I.O.P

“Well, before I started to go to Derek I was going through a very tough period in my soccer career. I think as a starting forward for my team I had maybe 5 goals in 9 months. My confidence was at an all time low. After I began to train with Derek my game immediately began to show signs of improvement and after a few months of training with him I went on to win the Golden Boot award in the United States Youth Soccer National Championships.” Comment from J Griggs

“I started training with Derek just over a year ago and I had only leg strength and could get by with my soccer. But after working with Derek I have become a lot stronger (arms, core, etc.). But what is even better is that only after a few months I made a premier team after just coming back from the lowest point in my soccer career and Derek helped SO MUCH with that. He improved my strength mentally and physically. I wouldn't be where I am today in soccer if it was not for Derek.” Comment from L Jarrett

Please complete form and mail with check payable to:

**Freestate Soccer Alliance
Winter 2009 Speed and Agility Program
PO Box 2093
Bowie, MD 20718**

PLAYER INFORMATION

Name _____

Street _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Sex _____ Age/Grade _____

Club Team _____ Coach _____

Parent/Guardian Name _____

Email Address(es) _____

Position (Please select one) Field Player _____ Goalkeeper _____

WINTER 2009 SPEED AND AGILITY PAYMENT

(\$100 per player; \$125 non-Freestate player)

___ U9-U14 player 8:30am-9:30am SkateZone, Saturday starting January 10.

___ U15-U19 player 9:30am-10:30am SkateZone, Saturday starting January 10.

LIABILITY RELEASE/WAIVER

In consideration of my child's participating in a soccer instructional camp conducted by Freestate Soccer Alliance (the "Activity"), I, _____, as parent, and/or legal guardian for _____ and our heirs, administrators and executors, intending to be legally bound, hereby irrevocably waive and release all rights, all liability, and causes of action and claims for damage, cost or injury I and my child may have against Freestate Soccer Alliance, its agents, employees, and its sponsors and organizers arising out of or in connection with my child's participation in the Activity.

MEDICAL CONSENT

I, on behalf of my child, hereby authorize the administering of basic first aid procedures as may be deemed necessary in the event my child is injured at or in connection with the Activity. In case of a major accident, injury, or illness requiring immediate medical or surgical care, I further authorize the medical personnel treating my child to act on my behalf, provided that they first make such diligent effort as the nature of emergency permits to notify me, or if I am unavailable, (name) _____ (relationship), _____, and (phone number) _____ whom I hereby also authorize to act on my behalf in such situation. A photocopy of this consent shall be as valid as the original.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

*Confirmation of enrollment will be sent out immediately along with more specific information regarding the clinic. **Please print email address clearly. Confirmation will be sent via email.*