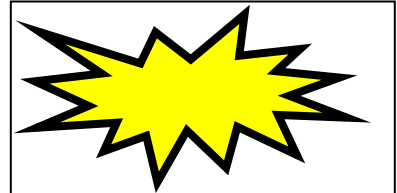


# 2015 OHIO GOALKEEPER ACADEMY

If you are ready to become a better goalkeeper, this program is for you. The curriculum below has been created to develop all areas of a goalkeeper. This training offers a great balance between technical skills, tactical understanding, and goalkeeper specific “physical training”. With a combination of pressure training, match-related activities, and functional training sessions you will walk out of this camp a much improved goalkeeper at any level. This year we will now offer the Young/Junior High Ohio Goalkeeper Academy at both the Hudson and Wadsworth locations!!!



## 2 LOCATIONS

June 15-18, 2015

at

NC Soccer Facility  
5661 Stow Road  
Hudson, Ohio  
And

June 22-25, 2015

at

Muhl Park  
Trease Road  
Wadsworth, Ohio

Young GK Ages 7-11  
&  
Jr. High GK Ages 12-14  
9:15-11:30 AM

Ohio Goalkeeper Academy  
Ages 15-20  
5:45-8:00 PM

\*PLEASE BRING WATER, BALL, GK GLOVES, LONG SLEEVE GK JERSEY, PANTS, AND TENNIS SHOES TO EACH SESSION\*

**COST**                      \$145

**CONTACT**                Mike Payne  
(330) 338-8337  
(330) 678-4088

Email: [paynem@hudson.edu](mailto:paynem@hudson.edu)  
Website: [www.ohiogolkeeperacademy.com](http://www.ohiogolkeeperacademy.com)  
Facebook: Ohio Goalkeeper Academy

### STAFF

#### **Michael Payne**

*Co-Founder of Ohio Goalkeeper Academy*

Former Assistant Coach Hiram College  
Former Head Coach Hudson High School  
USSF “A” License  
Former University of Akron Goalkeeper  
Former professional Goalkeeper

#### **John Johnson**

*Head Clinician*

Head Coach Wadsworth High School  
Co-Director of Grizzly Soccer Academy  
Former University of Akron Goalkeeper

#### **Other Staff**

Clinicians consist of highly regarded goalkeepers who have all been trained at the highest level and are excited to “teach their trade”.

#### Techniques

Catching  
Shot Stopping  
Tipping & Parrying  
Crossed balls  
Boxing  
Diving Saves  
Footwork

#### Tactics

Decision Making  
Organizing the Defense  
Breakaway Saves  
Angle Play & Positioning  
Starting Positions  
Reading the Attack  
Distribution

#### Physical Component

Proper Warm-Up  
Prevention of Injury  
Flexibility  
Pressure Training  
Strength & Agility  
Mobility  
Balance

**\*SEE BACK OF FLYER FOR APPLICATION AND RELEASE STATEMENT\***

# Application:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Age as of September 2014 \_\_\_\_\_  
School \_\_\_\_\_  
Club \_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_  
Email \_\_\_\_\_  
GK experience \_\_\_\_\_

For my age group, I consider myself **(Circle One)**:

**Advanced      Intermediate      Beginner**

**Please check the camp you will be attending::**

\$145 Young/Junior High Ohio Goalkeeper Academy (9:15-11:30) (Mon-Thurs) **HUDSON**

**LOCATION**

\$145 Ohio Goalkeeper Academy (5:45-8:00) (Mon-Thurs) **HUDSON LOCATION**

\$145 Young/Junior High Ohio Goalkeeper Academy (9:15-11:30) (Mon-Thurs)

**WADSWORTH LOCATION**

\$145 Ohio Goalkeeper Academy (5:45- 8:00) Mon-Thurs) **WADSWORTH LOCATION**

## Goalkeeper Academy Release Statement & Parental Consent Form

\_\_\_\_\_  
(Child's Name)

has my permission to participate in the Goalkeeper Academy. I understand that camp participation may involve significant physical activity that could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk involving incidents with my child and his/her participation and release the Goalkeeper Academy, it's employees, agents, officers, and volunteers from liability, claims, expenses, and actions that may cause injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize the Ohio Goalkeeper Academy to designate a physician or hospital or emergency personnel to provide medical care to the child, and release the Goalkeeper Academy from any liability for injury or harm to the child that may result from the medical care. I understand the responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

I, \_\_\_\_\_, declare that I am the Father/Mother/Guardian of the above named child. I agree with this medical release and give my consent for my child to participate.

You have permission to use photos (no names) of your child participating in camp for future brochures and/or Ohio Goalkeeper Academy website. **Initial** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

The full fee must accompany the completed application and signed release form. Checks should be made payable to: **MIKE PAYNE**

**Send check, application, and medical release to:**

**Mike Payne  
4167 Chapman Drive  
Brimfield, Ohio 44240**