



**Idaho Youth Soccer Academy - Presents**  
**IDAHO FALLS DAY CAMP**  
**July 12-15 - (Mon-Thu) / Sunnyside Park, Idaho Falls**  
 (located on Channing Way next to the Hospital)



Steve Adlard, the Director of Coaching for Idaho Youth Soccer Association is conducting three (3) separate day camps and a goalkeeper camp for youth players of all ages in Idaho Falls. He will be assisted by professional coaches with extensive experience coaching these age groups. Each camp will be tailored to develop techniques, skills, and games that are age appropriate. These include passing, dribbling, shooting, and 1-on-1. Games will reinforce these techniques and skills.

**Steve Adlard** is the Director of Coaching for Idaho Youth Soccer. He is a goalkeeper who represented England at Youth, Schoolboy, Grammar Schools, and University levels. He played with professional clubs, Lincoln City, Nottingham Forest and Reading. He coached college for 23 years since coming to the USA. He is an USSF National A Licensed coach and a NSCAA Goalkeeper Staff Instructor. At the camp, he will be assisted by professional coaches who bring a wealth of experience to the players.

**COST: IYSA MEMBERS: \$80.00 / NON-IYSA MEMBERS: \$90.00**  
 (\$10 DISCOUNT IF RECEIVED PRIOR TO DEADLINE: JUNE 25, 2010) (

<b>9:00 am – 11:00 am</b>	<b>Boys &amp; Girls</b>	<b>6-8 Years</b>	
<b>1:00 pm – 3:00 pm</b>	<b>Boys &amp; Girls</b>	<b>9-12 Years</b>	
<b>6:00 pm – 8:00 pm</b>	<b>Boys &amp; Girls</b>	<b>13 and Up</b>	
<b>3:30 pm – 5:30 pm</b>	<b>Boys &amp; Girls</b>	<b>GOAL KEEPERS</b>	

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City/ZIP: _____	DOB: _____
E-Mail _____	Grade (Fall 2010) _____
Emergency Phone: _____	Age: _____
Physician: _____	Height: _____
CLUB: I.e, BYSL (BSC) AYSO, etc. _____	Weight: _____

T-Shirt Size: (Circle 1):      **AS**                      **AM**                      **AL**                      **AXL**

*I hereby certify that Steve Adlard/Idaho Youth Soccer Academy has full and unconditional authority to proceed with assessment and treatment as judgment indicates is for injuries during the camp. The camp and its attending trainer shall not be responsible for any consequences resulting from such injuries. I also hereby certify that the above listed camp participant is physically fit to participate in an active physical program, and know of no impairments which would in any manner limit his/her participation in the camp.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Return to:**

Idaho Youth Soccer Academy  
 IYSA DISTRICT II/SA  
 1275 SAGE #2, IDAHO FALLS, ID 83402

Make Checks payable to:  
 IYSA DISTRICT II / SA  
**Deadline: June 25th**

For more information contact Bobbi Tracy (208) 524-4352 or by e-mail at [bltsoccer@cableone.net](mailto:bltsoccer@cableone.net)

Admin Notes: (\$10/plr=SUTL)

(M: 80,145,195,230,250 / NM: 90,155,205,240,260)

Paid: \$ \_\_\_\_\_

**DESCRIPTIONS:**

**IYSA MEMBER:** If your child played Spring soccer (2010) for BYSL; Youth Development Program, the BYSL U11-U12 Program, or BYSL Club Soccer (which includes Ballistic, Odyssey, Xtreme, or an Independent team).

**IYSA NON-MEMBER:** If your child played for US Club or AYSO, OR if you did not play spring soccer.

