HOLMDEL FC
TOTAL FOOTBALL WORKOUT
SUMMER SESSION

The Total Football Workout uses small-sided games to maximize the number of touches on the ball, while improving individual conditioning. Games are timed and conditioned to give a competitive feel, resulting in a thorough workout and a match–like feel.
Sessions are short, sharp, and competitive. This reduces the risk of burnout and injury to the player while giving them hundreds of touches under pressure each session. Games vary from 3-6 minutes in length and conditions for each game cover a variety of topics to challenge the players mentally.

Program Highlights
Monday and Wednesdays 6/27 – 7/20
Trainers: Nick Barron and Matt Woolston
Ages: Boys and girls ages 6-13
Cost: $150
Location: Holmdel High School Turf Field
Dates: June 27, 29, July 6, 11, 13, 18, 20
Time: 5:00 PM – 6:00 PM
Contact: Nick Barron at nickbarron.hfcnjx@gmail.com
732-456-9369

Attendees provide their own water bottle, and a soccer ball. Full payment is required with this form. No refunds once payment received.
Please mail checks payable to: "Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733

CAMPERS FULL NAME_____DATE OF BIRTH_____
ADDRESS_____CITY_____ ZIP _____
PHONE _____ Email_____
EMERGENCY CONTACT: _____PHONE _____
ANY PRE-EXISTING MEDICAL ISSUES WITH YOUR CHILD? _____

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I herby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition, to giving my full consent for my child's participation, I do herby waive, release, and hold harmless the camp staff, Holmdel FC, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian Signature_____Date_____

This Program is not endorsed by the Holmdel Township Board of Education