

WINTER SOCCER ACADEMY

SOCCER SKILLS Player Development Program

Mission Statement

Our mission is to provide our players with the best possible environment to learn and improve their soccer skills, and to develop a lasting desire to play the game.

Objectives

We believe that a player has more “fun” in soccer when she/he knows how to play the game. To this extend, we have certain age-related objectives. For example, a very young player will need to learn how to kick the ball without using his/her toes, while an older player needs to understand set plays and tactics. We believe that soccer is a sport that should be played well into the senior years because of its physical and social benefits. For this, our objective is to instill in a player the desire to play this game by making him/her competent on the field and show players how to deal with the various personalities found on a team.

Under the direction of our Technical Staff our goals are to:

- Develop skilled, confident & creative players
- Make the game fun to practice and play
- Teach good sportsmanship and respect for all.

Throughout the program players are identified and tiered in accordance to their ability level. Players/parents should expect a certain amount of “players movement” as players moved from group to group as the coaches attempt to place players in groups of similar ability. It is our goal to place players in a safe, learning, fun yet challenging environment so that the players can enjoy the game while learning new skills and techniques.



ALL AGES

**5 YRS. TO 10 YRS.
TRAIN WITH THEIR OWN
AGE GROUP**

WHEN

**November 13, 2019 to
March 25, 2020**

Wednesday Nights

**7:00 pm—8:00 pm
1 hour per week**

WHERE

**Carmine Stefano CC
3100 Weston Road
(Weston Rd & Sheppard Ave)**

**COST
\$250**

DEADLINE

November 1, 2019

**CONTACT OR IN
PERSON AT:**

**Weston Soccer Club
3100 Weston Rd, Suite 105
Toronto, ON M9M 2S7
Tel: 416-744-4386
Email: wsc98@rogers.com**



PLAYER REGISTRATION

(PLEASE PRINT)

NAME: _____

DATE OF BIRTH: _____
MM / DD / YEAR

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

I GIVE PERMISSION FOR MY **SON/DAUGHTER** TO PLAY FOR THE WESTON SOCCER CLUB AND FORGO ANY RESPONSIBILITY TO THE CLUB FOR ANY UNFORESEEN INJURY THAT MIGHT OCCUR DURING THE SEASON.

SIGNATURE: _____

PRINT NAME: _____

DATE RECEIVED: _____

AMOUNT RECEIVED: _____

CHEQUE OR CASH: _____

WINTER SOCCER
ACADEMY
(SOCCER SKILLS)

\$250

Shirt Size (Please circle)

Youth Small	Youth Medium
Youth Large	Adult Small
Adult Medium	

BY MAIL TO:

Weston Soccer Club
PO Box 60511
Jane Wilson Postal Outlet
Downsview, ON M3L 2N5
Tel: 416-744-4386
Fax: 416-745-4386
Email: wsc98@rogers.com

REGISTER ONLINE

www.wscwolves.com

