

2019 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!!!



DATES AND LOCATIONS

June 3-6, 2019

At
NC Soccer Facility
5661 Stow Road
Hudson, Ohio

June 10-13, 2019

At
NC Soccer Facility
5661 Stow Road
Hudson, Ohio

June 24-27, 2019

At
Muhl Park
Trease Road
Wadsworth, Ohio

Young GK Ages 7-11
&

Jr. High GK Ages 12-14

4:00-6:00 PM

Ohio Goalkeeper Academy
Ages 15-20

6:00-8:00 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

Website: www.ohiogoalkeeperacademy.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

Application:

Name _____ Male____ Female____
Address _____
City _____ Zip Code _____ Email _____
Phone _____
Age as of September 2018 _____ GK experience _____ YRS _____
Club _____

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 HUDSON LOCATION – June 3- 6 from 4:00-6:00
- \$145 Ohio Goalkeeper Academy HUDSON LOCATION – June 3-6 from 6:00-8:00
- \$145 Young/Junior High Ohio Goalkeeper Academy **HUDSON LOCATION** – **June 10-13 from 4:00-6:00**
- \$145 Ohio Goalkeeper Academy **HUDSON LOCATION** – **June 10-13 from 6:00-8:00**
- \$145 Young/Junior High Ohio Goalkeeper Academy WADSWORTH LOCATION – June 24-27 from 4:00-6:00
- \$145 Ohio Goalkeeper Academy WADSWORTH LOCATION – June 24-27 from 6:00-8:00

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
3204 Crown Pointe Drive
Stow, Ohio 44224**