

Spring 2011 Goalkeeper Training



Directed by Christopher Alfieri



Date: April 2, 9, 16, 23, 30

Program: 5 weeks (Saturdays)

Time: U6 - U11: 12pm to 1:30pm | U12 - U19: 2pm to 3:30pm

Location: Heights Elementary School, 114 Seminole Ave., Oakland, NJ 07436

Program Fee: \$185

First Shot Soccer (FSS) is proud to offer a brand new program for goalkeepers of all ages and abilities. As players go through the program they will learn and grow in the position while being trained in footwork, handwork, diving & landing, communication, distribution and game management. Every aspect of goalkeeping is covered in depth.

The 10 week program is led by FSS Goalkeeping Director, Christopher Alfieri. Chris played high school soccer for Saddle Brook where he was a three year letter winner. He played his college soccer at King's College in Wilkes-Barre, PA and was a four year starter. Chris still holds the school records for saves in a game, season and career.

This program is the most comprehensive of its kind. Designed based upon his years of playing and experience working with youth soccer, this goalkeeper curriculum has been tailored to deliver results. Space is limited... Register Today!

For more information please contact us at 201.644.8733 or send an e-mail to info@firstshotsoccer.com.

FSS Spring 2011 Goalkeeper Training – Registration Form

Campers Name _____ AGE _____ D.O.B. _____ Male _____ Female _____

Parent / Guardian's Name _____

Street Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell _____

E-mail _____

If Parent / Guardian are not available in case of emergency contact _____

Relation _____ Home Phone _____ Cell Phone _____

I hereby give permission for my child to participate in all camp activities (unless otherwise specified). In case of emergency I grant permission for my child to receive medical treatment. I will complete the Amateur Athletic Minor Waiver and Release of Liability form on the first day of training.

Parent or Guardian Signature _____ Date _____

We accept checks, cash, and all major credit cards:

Name on CC _____ CCID # _____ Exp. Date ____/____/____

Credit Card # _____

Send your completed registration form along with full payment to: **First Shot Soccer, 29 Mohawk Ave., Oakland, N.J. 07436**