

Habitat Soccer Sports Center GOALKEEPER ACADEMY

featuring
DARTH "FEVER" MAUL



Keeper's Rule!

DARTH "FEVER" MAUL

- 19 years Experience as a Professional Goalkeeper
- Indoor Professional Goalkeeper for;
 - Buffalo RoadRunners
 - The Connecticut Pythons
 - Massachusetts Habcats/ASL Champions
 - Massachusetts Twisters
 - Carolina Vipers
 - New Jersey Rockets
 - Philadelphia Fever
- Holy Cross women's Goalkeeper coach
- Has worked many national keeper clinics, NY, San Diego CA, Portland OR



BEG/INTER GOALKEEPER TRAINING CLINIC

(AGES 8 THROUGH 11)

Monday's 4:30 – 5:30

\$110.00



ADVANCED GOALKEEPER TRAINING CLINIC

(AGES 12 THROUGH 18)

Monday's 5:30 – 7:00

\$130.00

- Session I / Nov 6 – Dec 4
- Session II / Dec 18 – Jan 29 (No Class Dec 25 / Jan 1)
- Session III / Feb 12 – Mar 12
- Session IV / Mar 26 – Apr 23

Application on back of form can be filled out and mailed with payment in full to:
The Habitat for Soccer & Sports, 374 West Street, Uxbridge, MA 01569
or fax with credit card payment to: 508-278-9111

If you have any questions please feel free to give us a call at 508-278-9888

Technique

Diving Saves
Goal Kicks
Distribution Kicks
Throw Distribution
Field Player Skills
Stance
Catching and Handling
Shot Saving and
Redirecting
Tipping and Parrying
Crossed Balls
Boxing

Tactics

Anticipation and
Decision making
Organizing the Defense
Breakaway Saves
Back Pass Rule
Angle Play and
Positioning
Starting Positions
Restarts
Initiating Attacks
Establishing Tempo
Sweeper-Keeper Tactics
Reading the Attack
Dead Ball Situations



Psychology

Leadership
self-confidence
Positive Projection
Maturity and Poise
Training Ethics
Self Awareness
Handling Pressure
Self Analysis

Conditioning

Nutrition
Fitness testing
Proper Warm-up
Effective Cool-down
Prevention of Injury
Flexibility and
Coordination
Pressure Training
Strength and Agility
Footwork Mobility
Balance
Team Trains the Keeper
Power Development

APPLICATION FORM

Name: _____ Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Age: _____ M: _____ F: _____

Advanced: _____ Beg/Int. _____ Session I, II, III, IV: _____

Home Phone: _____ Work Phone: _____

Liability Release:

Sports are physical contact activities: I hereby give my permission and approval for my child to participate in camp/sport activities. I assume all risks and such hazards incidental to such participation, and I hereby release The Uxbridge Sports Ltd. Partnership (hereafter referred to as The Habitat), its employees and agents from any and all liability arising from injury or injuries sustained by my child while participating in Habitat leagues, tournaments, clinic and/or camp. I The Habitat assumes no responsibility for any damage to or loss of any personal or team property.

I hereby authorize the directors and employees of the Habitat to obtain medical care for injuries and illness that might affect my child or which might occur during the leagues, tournaments, clinics and/or camps. I further direct all medical or hospital facilities to accept this document as authorization to render emergency care to my child should it be deemed medically necessary.

Parent/Guardian Signature: _____ Date: _____

Make Checks Payable to: The Habitat for Soccer & Sports, Inc.
374 West Street
Uxbridge, MA 01569

Credit Card: Visa MC Discover Debit Card _____ Exp. Date _____
Name on the Card: _____