



Soccer Specific Training High School Pre Season Camp

Get ahead of the game with a SST High School Pre-season camp. Our staff will design a unique curriculum specific to the needs of your high school team. During the week of camp we will work on each of the following aspects of each player's game:

- Technical
- Tactical
- Physical
- Psychological

The week will be spent getting the players in as good a condition as possible to start pre-season as a prepared "team" rather than 20 or so "players". We will work through formations, set-plays and functional drills, at the end of the week our trainers will also consult with the coaching staff and give opinions on player's abilities and positions.



Camp Director Michael Turtle

- NSCAA Premier License
- Advanced National License
- National License
- USSF B License



Michael, is a 2000 graduate of Staffordshire University United Kingdom, has been working within Wall Soccer Club for 7 years. Michael, who holds several coaching licenses, including a NSCAA Premier Diploma, USSF B license and an English FA coaching badge, began his club coaching in Long Island with Pro-Excel Soccer. In 2003 he moved to Wall Soccer Club in New Jersey and has helped Wall Soccer Club become one of the biggest Club programs in New Jersey.

A native of Crosby, Liverpool in the UK, Michael is a product of Marine AFC youth program, where he played semi-professional football before beginning his coaching career. Michael graduated Staffordshire University with a BA Honors degree in Sports and Business Management.

Location: The Justice Complex in Jackson, NJ.

Camp Dates: Monday - Thursday August 8th - August 11th (12th rain date)

Time: GIRLS 8:00AM – 11:00AM | BOYS (To be Announced)

Cost: \$150.00 per Player

Make checks payable to Soccer Specific Training

Player Information

| | | | |
|--------------|-------|-------------------|-------|
| Name | _____ | E-Mail | _____ |
| Address | _____ | Home Phone | _____ |
| City | _____ | Emergency Contact | _____ |
| State | _____ | Emergency Phone | _____ |
| Zip | _____ | | |
| Travel Team | _____ | | |
| Coach | _____ | | |
| Age | _____ | | |
| Position | _____ | | |
| Years Played | _____ | | |

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the policy's company name, address, number and owner. The accident insurance provided by the camp is on an excess basis.

Insurance Company _____ Policy Owner _____
Company Address _____ Policy Number _____

Medical Certification (This information must be provided before camp begins)

I hereby certify that _____ is physically fit to participate in an active soccer camp during the days of the camp for which he has registered. I know of no physical impairments which would in any manner limit his participation in such a program.

Current Medical Conditions (Asthma, Allergies, etc.):

Medications Currently Taking:

Parent.s Signature _____ (required) Date _____

I hereby authorize the directors and employees of Soccer Specific Training to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release all camp employees from any and all liability from injuries and illness while at camp. I also grant Soccer Specific Training permission to use my child's image in the form of a photograph or video for future promotional use.

Soccer Specific Training

EQUIPMENT NEEDED

- Cleats
- Shin Guards
- Water/Gatorade
- Sun Protection
- Light Snack

Mail to: Michael Turtle, Soccer Specific Training, 20 Terrier Court, Tinton Falls, NJ 07753.
For questions please e-mail soccerspecifictraining@gmail.com