

**ELMIRA SOCCER ACADEMY
DEVELOPMENT, FIELD
PLAYER, & GOALKEEPER
PROGRAMS
2011**

**To register: Read the waiver
form on the reverse side and
sign it in the designated area,
detach and mail with your
academy fee.**

MAIL TO:

Steve Mastronardi

601 Herrick Street

Elmira, NY 14904

MAKE CHECKS OUT TO:

“Steve Mastronardi”

**Please check what academy
you wish participate in:**

DEVELOPMENT ACADEMY _____

FIELD PLAYER ACADEMY _____

GOALKEEPER ACADEMY _____



**ELMIRA SOCCER ACADEMY
STEVE MASTRONARDI
601 HERRICK STREET
ELMIRA, NY 14904**



www.soaringcapsoccer.com

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DEVELOPMENT ACADEMY

AUGUST 1-5 from 4-5PM

AGES 5-7

**PLAYERS WILL BE INTRODUCED
TO THE GAME OF SOCCER
THROUGH FUN ACTIVITIES AND
SMALL SIDED GAMES**



FIELD PLAYER ACADEMY

AUGUST 1-5

AGES 8-12 from 9-11AM

AGES 13-17 from 1-3PM



GOALKEEPER ACADEMY

AUGUST 1-5

AGES 15-17 from 9-11AM



COACHING STAFF

GENERAL INFORMATION

WHO: ANY BOY or GIRL WHO WANTS TO LEARN OR ADVANCE THEIR SOCCER AND/OR GOALKEEPER SKILLS.

AGE: DEVELOPMENT ACADEMY 5-7

FIELD PLAYER ACADEMY: AGES 8-17

GOALKEEPER ACADEMY: AGES 15-17

WHEN:

DEVELOPMENT ACADEMY (BOYS & GIRLS)-AUGUST 1-5 from 4-5PM

FIELD PLAYER ACADEMY (BOYS & GIRLS)-AUGUST 1-5 from 9-11AM (AGES 8-12) and 1-3PM (AGES 13-17)

GOALKEEPER ACADEMY (BOYS & GIRLS)-AUGUST 1-5 from 9-11am (AGES 15-17)

All athletes should be dressed and ready to start warm-up & picked up promptly at the end of each session.

WHAT TO BRING:

SHINGUARDS

SOCCER CLEATS

SOCCER BALL (SIZE 4 OR 5)

WATER/SPORTS DRINK

GOALKEEPER GLOVES-IF PARTICIPATING IN THE GOALKEEPER ACADEMY

WHERE: SESSIONS WILL BE HELD AT ELDRIDGE PARK

REGISTRATION FEES:

DEVELOPMENT—\$50; FIELD PLAYER—\$85

GOALKEEPING—\$85

Make checks payable to "STEVE MASTRONARDI"

STEVE MASTRONARDI: Played collegiate soccer at Davis College for 4 years. He is the Founder/Director of the Elmira Soccer Academy, is the Boy's Associate Director of Coaching for SCSC, coaches the U14 Premier boys team for SCSC, is a NYSWYSA ADOC, NYSWYSA ODP '94 Boy's Head Coach, NYSWYSA Instructional Staff and is a Region 1 Boy's ODP Summer Staff Coach. He holds a NSCAA Premier Diploma, USSF National "B" License, USSF National Youth License, NSCAA National Goalkeeping Diploma, is a USSF Certified Referee, and is CPR/AED/First aid certified.



ZACH SARNO: Played collegiate soccer at CCC and SUNY Oswego. He is the Co-Director of the Elmira Soccer Academy, coaches the Varsity girls team at Southside High School, is the Girl's Associate Director of Coaching for SCSC, coaches the U17 Premier girls teams for SCSC, is a NYSWYSA ODP '98 Girl's Assistant Coach and is a Region 1 Boy's ODP Summer Staff Coach. He holds a NSCAA Premier Diploma, USSF National "D" License, NSCAA National Goalkeeping Diploma, is a USSF Certified Referee, and is CPR/AED/First Aid Certified.



NICK JACOBSON: He is currently a coach with the Elmira Soccer Academy and attends Penn State University. He played NYW ODP for many years and was a player on the SCSC Dragon's Premier team. Nick has trained at a high level throughout his career and will enhance any goalkeeper's skills.

We have the most qualified and experienced coaches in the area to make your child have the best soccer experience possible. Many varsity soccer players throughout the area will be on hand to assist the academy throughout the week..

WAIVER

We the undersigned legal parents or guardians of the child listed below, hereby give permission for my child, _____ a minor, to participate in the Elmira Soccer Academy with its designated staff at my and his or her own risk. **We understand that there is NO supplemental accident insurance coverage provided for participants in the program.** Recognizing the possibility of physical injury associated with soccer and with consideration to the Elmira Soccer Academy, SCSC, city of Elmira, Steve Mastronardi and Zach Sarno accepting the applicant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify its affiliate associations and sponsors, their employees and associated personnel, including the owners of fields and facilities used to run the program, against any claim by or on behalf of the applicant as a result of the applicants participation in the program. This child has had a physical exam in the last year and there is no medical restrictions to prevent program participation. I and the above applicant hereby give consent for emergency care, selecting hospital facilities and authorize treatment of the above named athlete on an emergency basis in the event that treatment becomes necessary during this academy. The athletes will obey all academy rules and regulations or be subject to dismissal from the program and be sent home immediately. The signature of the parent or guardian acknowledges their willingness to enroll the athlete in the Elmira Soccer Academy under the circumstances stated above.

SIGNATURE _____

DATE _____

EMERGENCY # _____

EMAIL _____

Please contact Steve Mastronardi or Zach Sarno with any questions at their cell or email below.

Cell: 607-743-6356 or 607-857-3763
E-mail: smastronardi2@stny.rr.com OR
zsarno@hotmail.com