



# ART OF SOCCER

303.494.0264

*Welcome Back!*



**Dr. Layi Olorunsola** has spent many years developing a method that unifies the technical and creative elements of soccer. He has an extensive coaching background and has directed the Art of Soccer camps for many years. And coming soon is a series of training books based on the Art of Soccer system.

**Pancho (Francisco Hansen)** is the head coach of Trebol Soccer Club and has been a great part of Art of Soccer for many years. And there's that coach with fast feet, a crafty player who is always doing crazy things with the ball—Ah **Gustavo!** Any opposing defender is likely to find his signature-abrupt tempo changes quite discomfoting. He also has been with Art of Soccer for several years. Additionally, we will be assisted by outstanding former students and excellent university players.

## What to Expect:

The camp is a welcoming and friendly environment. Many coaches, parents and students who have experienced our camps will tell you this is the place to be if you want an all encompassing skills training.

## 2010 Summer Program

<b>Session 1</b>	<b>May 31 - June 4</b>	<b>9 - 12 noon</b>	<b>Boulder</b>
<b>Session 2</b>	<b>June 7 - 11</b>	<b>9 - 12 noon</b>	<b>Boulder</b>
<b>Session 3</b>	<b>June 21 - 25</b>	<b>9 - 12 noon</b>	<b>Boulder</b>

*(The Boulder program will be held at Douglass Elementary School)*

**Summer Session Fee:** \$160 per session if paid by May 15. \$165 after May 15. There is a \$10 discount per sibling or per player for a group of six or more. An Art of Soccer T-shirt is included.

**Also!** Skill clinics for individuals, small groups and teams available throughout the season.  
Excellent goalie training in each session.

*For more information, call Art of Soccer at 303.494.0264*

Please mail check, registration and release of liability to: **Layi Olorunsola**  
ART of SOCCER  
7750 Jade Court  
Boulder, CO 80303

## REGISTRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CAMP DATE: \_\_\_\_\_  
T-shirt YS\_\_\_YM\_\_\_YL\_\_\_AS\_\_\_AM\_\_\_AL\_\_\_AXL\_\_\_

## RELEASE OF LIABILITY

*On my child's behalf, I hereby release the Boulder Valley School District Board of Education and its employees, the City of Boulder, the City of Lafayette, the City of Longmont, the St. Vrain Valley School District Board of Education and its employees, Art of Soccer, Dr. Olorunsola and his coaching staff from any liability for any damage, loss or injury sustained, either directly or indirectly, by the participant while involved in the Art of Soccer camp. I authorize the coaches to obtain medication or medical attention for my child in case of emergency if unable to reach the physician stated below, and I release them from responsibility in connection with such medication or medical attention.*

Name of child enrolled in Art of Soccer Camp: \_\_\_\_\_

Name and phone number of physician: \_\_\_\_\_

Guardian Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_