



# JEFF POPP

## PROFESSIONAL SOCCER ACADEMY

▪ **RECREATIONAL (ages 4-13)**

Camp A August 2–August 6 6:00 pm to 8:00 pm \$70/person

RECREATIONAL ACADEMY OBJECTIVES:

- Enhance basic soccer skills of shooting, passing, dribbling, and ball control
- Most importantly, have fun

▪ **ADVANCED (ages 7-14) Teams Welcome!**

▪ **Great Preseason Training**

Camp B August 2–August 6 9:00 am to 12 noon \$90/person

Academy staffed by former professional/college players, top area high school/club coaches and Olympic Development Program coaches.

ADVANCED ACADEMY OBJECTIVES:

- Integrate high intensity technical training with tactical objectives
- Expand players' understanding of fast-paced attacking and high-pressure defending



**ABOUT THE DIRECTOR:** Jeff, a graduate of Wright State University, is a ten-year veteran of the NPSL (National Professional Soccer League) who has enjoyed an extensive playing career in Dayton/Cincinnati and Milwaukee. As an NPSL All-Star, Jeff has dedicated over 19 years developing the talents of youth and young adult soccer players.



**Sponsored by John Ankeney Soccer Complex**

For more information, contact Jeff Popp at 426-2944 or e-mail [jmapopp@aol.com](mailto:jmapopp@aol.com)

----- Detach Here And Send -----

Parent's Name \_\_\_\_\_ Camp A [ ] Camp B [ ]

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_ Medical Insurance: Yes [ ] No [ ]

I hereby agree that the local organizing soccer group and the JPPSA are not liable for any injury or loss which my child(ren) may sustain while participating in this soccer clinic. And I agree to indemnify and hold harmless the organizing soccer group and/or the JPPSA from any claim whatsoever. The named applicant is in good health and has my permission to participate in this program. In cases of emergency, I grant permission for my son/daughter to be given emergency treatment at a local hospital.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Send registration form (one per player) and check, payable to Jeff Popp:  
1167 Geneva Road, Beavercreek, OH 45434