



Minnesota Thunder Academy U13-U18 Elite Winter Clinic – Session II

WARNING! You will get faster, you will get stronger, you will be more skilled, you will be a more dynamic player in every way.

The beauty of soccer is that it is the ultimate dynamic game. It simultaneously demands the speed of a sprinter, the quickness of a tennis champion and the power of a football player, while also requiring immense technical skill. The world's best players, like Cristiano Ronaldo and Kaka, have trained to carefully balance these components in order to become a complete soccer athlete.

With the goal of helping soccer athletes grow towards maximizing their potential Evan Fuhs and Andy Kaasa have developed a holistic training program that has already produced results in balancing all components of the dynamic game.

Participants should bring a ball and water bottle each week.

Location: Academy of Holy Angels StarDome
6600 Nicollet Avenue South
Richfield, MN 55423

Day/Time: Wednesday evenings from 6:00pm-7:30pm

Dates: Session II
January 20, 27
February 3, 10, 17, 24
March 3 10, 17, 24

Tuition: MTA Players – \$145
Non-MTA Players – \$175

Clinic Focus: Each session is 90 minutes:
45 minutes of Speed, Agility, and strength work with Evan Fuhs
45 minutes of dynamic attacking with Andy Kaasa

Registration: Please send in the registration form and appropriate tuition to:

**MN Thunder Academy
PO Box 41534
Plymouth, MN 55441**

Questions: Please contact Andy Kaasa at akaasa@mnthunder.com.

**MN Thunder Academy U13-U18 Dynamic Winter Clinic
Registration Form**

Player's Name _____ DOB _____

Address _____ City _____ State ____ Zip _____

Father's Name _____ Phone (H) _____ Phone (W) _____

Mother's Name _____ Phone (H) _____ Phone (W) _____

Email Address _____

Allergies/Other Medical Conditions _____

Medical Insurance Co _____ Phone _____

Policy Holder _____ Policy Number _____

Player's Physician _____ Phone Number _____

Sessions: I II Both (Circle One)

What is your MYSA age group for the summer of 2010? _____

Parental/Guardian Agreement

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of MTA and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer/athlete training and in consideration for MTA and its affiliates accepting the player for its soccer/athlete clinic, I hereby release, discharge, and/or otherwise indemnify MTA and all other affiliated organizations, their employees and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (Please Print) _____

Signature _____ Date _____

Consent for Medical Treatment

As the parent/legal guardian of a participant in the MTA clinic, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature _____ Date _____