



SACRAMENTO KNIGHTS FC. LLC.

A MEMBER OF THE NATIONAL PREMIER SOCCER LEAGUE (NPSL)
2006 NATIONAL CHAMPIONS

 **Get Better This Summer With** 

The Sacramento Junior Knights Soccer Academy

2007 marks the first annual Sacramento Junior Knights Soccer Academy. This academy will provide your child with the chance to develop character, learn valuable life skills, make new friends, and discover new interests. Finding the right Soccer Camp for your child is as important as helping them find the right college! At the Sacramento Junior Knights Academy your child will learn the transitional skills needed to excel in the various levels of soccer in the greater surrounding area of Sacramento. Our main emphasis is based on the acronym T.E.A.M because (Together Everyone Achieves More).

Our mission is to help your child expand and transcend into a young mature player by teaching the fundamentals of soccer in a fun and positive environment. Becoming pupils under the Sacramento Junior Knight's Academy, your child will be able to incorporate and utilize the right techniques and skills in order to make the correct tactical decision with speed, precision, flair, and imagination.

The Junior Knights Soccer Academy has recognized that in order for both field players and goalkeepers to develop naturally, they require the intensity of a real soccer environment. We are committed to combine the highest level of soccer players, as well as collegiate players/coaches to produce a game-like atmosphere throughout the training sessions of the camp.

Why You'll Love the Sacramento Junior Knights Soccer Academy

Field Players and Goalkeepers Junior Knights Soccer Academy: Only two weeks long, but equally as demanding as any other youth Academy program. The Junior Knights Academy is highly competitive with demanding standards, and focused personal attention. The highly professional, distraction free environment where everyone is striving to be the best they can be will inspire you to reach a playing level that you never imagined! The unique environment tests your mental and physical determination and you'll almost be able to taste the passion and feel the commitment of your fellow players. If you want to experience the atmosphere of a soccer environment, this will provide you with that very opportunity. Goalkeepers who often face the challenge of sweeper/keeper are completely integrated with the field player under one leadership and one philosophy.

(over)



Although we start at an early hour, our Junior Knights are required to arrive with a positive, enthusiastic, and open attitude. Our experienced staff is geared up and prepared to handle the various situations with regards to working with youth. Training sessions are more fluent when children have a positive, constructive, and readiness attitude towards training. So if you think your child is ready for the challenge please continue by filling out the necessary information to get them registered as soon as possible! Remember, "Nothing great was ever achieved without enthusiasm!" ~ Ralph Waldo Emerson

Camp Highlights:



- Each participant will be insured through Amateur Athletic Union (AAU), and will receive their insurance card as soon as the participant becomes registered.
- Professional and collegiate level of coaching staff is volunteering for their passion to teach young people and are willing to expand their knowledge of soccer for the betterment of the community.
- Staff to academy ratio is 1-18 for a two-week session.
- Self-evaluation at the beginning of program and oral and written evaluations at the conclusion.
- Offensive Positions: Individual Skills, Combination Play, Creativity, Confidence Building, and Shooting.
- Defensive Positions: Individual Skills, Techniques, Tactics, and a Combination of Positional and Team Play.
- Goalkeepers: Competitive, Positioning, Speed, Agility, Punting, and Outlets.
- Each Sacramento Junior Knights soccer participant will receive 2 free complimentary ticket to the July 15, 2007 home game between the Sacramento Knights FC. & Santa Cruz Breakers.
- Each player receives their own personal team photo with the Sacramento Knights staff and other players.
- Participants will receive 2 Junior Knight T-Shirts (White, Blue) and their own personal ball.
- Pizza and Water party for the last day of the Academy. (Water party if weather permits)

Player Requirements:



- Black shorts
- Black socks
- Shin guards * (**All participants are REQUIRED to have and wear shin guards**)
- Soccer cleats
- Water and bottle

Website: www.sactoknights.com Email: laureategholar3@yahoo.com
Mobile Phone: (510) 827-7375 Fax (916) 670-7039

PLEASE REMIT PAYMENT TO

Laureate B. Gholar III (Director of Sacramento Knights Academy)
9328 Elk Grove Blvd., Suite 105 #206 * Elk Grove, CA 95624

SACRAMENTO JUNIOR KNIGHTS SOCCER ACADEMY

2007 Registration Form

Dear Parents, please assist our staff by taking the time to complete the information below and double check that ALL the information is accurate. **** COMPLETE ONE FORM FOR EACH PLAYER.**
***Participants WILL NOT be allowed to participate in the Academy until all information is complete.**

* Participant Name:			
* Mother's Name:			
* Father's Name:			
* Address:			
* City, State, Zip Code:			
* Home Phone:			
* Email Address:			
* Birth Date: (mm/dd/yyyy)			
* Age Time of Session:			
* Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
* Height:			
* Weight:			
* Tee-Shirt Size: (Small, Medium, Large)		<input type="checkbox"/> Youth	<input type="checkbox"/> Adult
* Age Group: (Please check <input checked="" type="checkbox"/> one)	<u>U-8 (6-8)</u>	<u>U-12(9-12)</u>	<u>U-14(13-14)</u>
* Location Chosen: (Please check <input checked="" type="checkbox"/> one)	Elk Grove H.S.	C.K. McClatchy H.S.	Natomas H.S.
Program Dates:	June 18th – June 22nd (1st week) June 22nd – June 29th (2nd week)		
Program Hours:	Monday – Friday * 9am. – 12pm.		
Program Price:			
\$180.00 per wk. (Registration deadline: June 4, 2007) (\$20.00 Late Registration Fee due after June 4th)			
(Family discount: \$50.00 off for each additional child)			
I, the parent or legal guardian of the above named participant, do hereby give my consent to <i>his/her</i> participation in the activities of the Sacramento Junior Knights Soccer Academy. I hereby waive, release, absolve, and agree to hold harmless the Sacramento Junior Knights Soccer Academy, its coaches, manager, supervisors and officials.			
Parent or Legal Guardian _____			Date _____



Website: www.sactoknights.com Email: laureategholar3@yahoo.com
 Mobile Phone: (510) 827-7375 Fax (916) 670-7039
PLEASE REMIT PAYMENT TO
 Laureate B. Gholar III (Director of Sacramento Knights Academy)
 9328 Elk Grove Blvd., Suite 105 #206 * Elk Grove, CA 95624

SACRAMENTO KNIGHTS SOCCER ACADEMY

2007 Medical Release & Consent Form

Parents, please assist our staff by completing the information below. Double check that ALL information is accurate. Participants WILL NOT be allowed to participate in the Academy until this form is complete.

Emergency Contact Information

* Contact Name:			
* Relationship:			
* Emergency Number:	(cell)	(home)	
	(work)	(ext.)	
* Physician Name:			
* Physician Address:			
* Physician Phone Number:			
* Dentist Phone Number:			

Medical History

If necessary, describe in details the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any protective action is required on account thereof. Submit the notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for your child. If necessary, add another page with details.

1. Does your child have allergies to:	<input type="checkbox"/> pollens <input type="checkbox"/> medications <input type="checkbox"/> food <input type="checkbox"/> insect bites <input type="checkbox"/> other _____
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:	
<input type="checkbox"/> asthma <input type="checkbox"/> epilepsy/seizure disorder <input type="checkbox"/> heart problems <input type="checkbox"/> diabetes <input type="checkbox"/> frequent upset stomach	
3. Does your child wear: <input type="checkbox"/> glasses <input type="checkbox"/> contact lenses	
4. Please list and explain any major illnesses your child has experienced during the last year and any medications currently being taken:	

I, the parent or legal guardian of the registrant, do hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry, and or licensed Third Party. This care may be given under the "whatever condition is necessary to preserve the well-being of my dependent".

Parent/Legal Guardian Signature: _____ Date _____

Website: www.sactoknights.com Email: laureategholar3@yahoo.com
 Mobile Phone: (510) 827-7375 Fax (916) 670-7039

PLEASE REMIT PAYMENT TO

Laureate B. Gholar III (Director of Sacramento Knights Academy)
 9328 Elk Grove Blvd., Suite 105 #206 * Elk Grove, CA 95624