First Touch Soccer
c/o Britt Sellmayer
149 Lawndale Rd.
Mansfield, MA 02048

First Touch

Soccer
Team Training

For High School Girls
Directed by Britt Sellmayer
Kevin Smith

Dates: August (Monday-Thurs) 5th-8th, 2013
9AM - 12 Noon

Plymouth Street Fields, Mansfield, MA
508-337-4947
Bsell7@verizon.net

Philosophy

First Touch Team Training starts with the dedicated student-athlete. Our goal is to provide your high school team with an elite college coaching staff. Team unity will be enhanced while gaining technical, tactical and physical training.

Featuring "The Keeper Zone"

We created "The Keeper Zone" to develop the techniques, tactics and the psychological factors for today's goalkeeper. Goalkeepers will be the beneficiary of personalized training and join their team for match play.

Director

Britt Sellmayer

- BS in Physical Education
- NSCAA Advanced Diploma
- USSF "C" License
- Girls' Soccer Head Coach at Oliver Ames High School
- Former Women's Soccer Head Coach at Wheaton College
- 2007, 2003 *Brockton Enterprise* "Coach of the Year"
- 1999 EMASS "Coach of the Year"
- 2007, 1999 & 1998 Div. II State Champs
- 2011, 2007, 1998 *Boston Globe* "Coach of the Year"
- 1995 New England 8 "Coach of the Year"

Daily Schedule

9AM – 12 Noon

1½ HOUR TEAM TRAINING

- Conditioning
- Technical Sessions
- Team Tactics

TWO MINI-MATCHES PER DAY

Tuition
$120 per athlete
Includes soccer ball
Canceled check is your receipt

For more information call
508-337-4947
Bsell7@verizon.net

Registration Deadline
July 20, 2012

Current and Former Staff

- **Steve Santos:** Varsity Girl's Soccer Attleboro High School
- **Kevin Smith**: Varsity Girl's Soccer Coach, Mansfield High School
- **Denis Cutler**: Varsity Girl's Soccer Coach, Millis High School
- **Pat Rose**: Asst. Men's Soccer Coach, Bridgewater State College
- **Scott Dolan**: Former Asst. Soccer Coach, Wheaton College and Stonehill College
- **Kate McCarthy**: Asst. Soccer Coach, Bridgewater State College

First Touch Team Training 2013 Application

Name:_____
Last First M.I.

Address:_____

City, State ZIP_____

Home Phone:_____

Birth Date:_____ Age:_____

Emergency Contact Name/Relationship/Phone#:
_____

Name of High School:_____
Grade in Fall 2013:_____
Position: (Please Check)
_____ Field Player _____ Goalkeeper

The non-refundable fee of $120 is required with each application. Please make check payable to "First Touch Soccer".

Medical Form

Please send a list of all allergies or drug sensitivities for which you may need attention. Kindly include physician's records or statements regarding special health situations. "Within the past year, my child has had a physical examination by a licensed physician and is physically fit for playing soccer and similar activities. I hereby give First Touch Soccer permission to render such medical and hospital care that in their judgment may be necessary for my child in the event of injury, illness or accident. I waive and release First Touch Soccer, its staff, and the town of Mansfield, MA from any and all liability incurred by the player while at the clinic."

_____
Signature of Parent or Guardian Date

_____
Name of Physician Telephone #

_____
Address City, State Zip

Date of Last Tetanus Shot_____

Mail to: First Touch Soccer
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