

Bloomsburg University Men's Soccer Introduces C₂ FC

**ELITE
TRAINING**

**Columbia County Football
Club-Youth Soccer Training
for the Serious Player!
Boy's Ages 10-14**

Dates: Tues/Thur in May

Time: 5:30-7:00 PM

Upper Campus Soccer Fields

May 4, 6, 11, 13, 18, 20, 26 and Wed. 27.

Paul Payne-Director/Lead Coach
Head Men's Coach Bloomsburg University
NSCAA National Staff Coach
NSCAA Regional Technical Director-PA
USSF "A" License
NSCAA Premier Coaching Badge

John Campbell-Assistant Director/Lead Coach
Bloomsburg University Ass't Soccer Coach
Former Professional Player-Vermont Voltage
NSCAA Advanced National Coaching Badge

**Fee: \$125.00 includes instruction and
full soccer uniform (shirt/shorts/socks)**

**Checks payable to: Bloomsburg
University**



This twice weekly training will set the development stage for the young competitive soccer player. Stressing both technical and tactical skills the sessions will introduce players to a level of play is needed to play at the highest levels. The training sessions will be run by professional coaches who have experience training higher level players.

Selected players will be invited to train and play with the newly formed C₂ FC (Columbia County Football Club) run through the Bloomsburg University Men's Soccer

Bloomsburg University is committed to affirmative action and to providing equal educational and employment opportunities for all persons.



Paul Payne-Men's Soccer
 Bloomsburg University
 Bloomsburg, PA 17815
 Phone: 570.389.4381
 Fax: 570.389.2099
 Email: ppayne@bloomu.edu

Name: _____
 Address: _____
 City: _____
 Phone: _____
 Grade: _____ Age: _____

Shirt: YM YL AS AM AL
 Shorts: YM YL AS AM AL

I approve my son's attendance and certify that he is in good health. If medical attention is required for injury, I hereby grant permission for such care to be rendered. Furthermore, I do hereby recognize and understand that the university and the coach(es) are not responsible for any injury of any kind which may occur on the way to, during, or on the way home from our clinic.
 Parents Signature: _____
 Insurance Company: _____
 Policy #: _____