

First Touch Soccer c/o Britt Sellmayer 223 Paquanticut Ave. North Easton MA, 02356

First Touch



Soccer Team Training

For High School Girls Directed by Britt Sellmayer Kevin Smith

Dates: July 29th 1st-July 31st (Monday-Weds) 2024 <u>8:15AM - 11:30AM</u>

OA High School Fields, North Easton, MA

Bsell7@outlook.com

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
- Massachusetts State Soccer Coaches Association Hall of Fame
- 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

<u>8:15AM - 11:30AM</u>

1½ HOUR TEAM TRAINING

- Conditioning
- Technical Sessions
- Team Tactics

TWO MINI-MATCHES PER DAY

Tuition Early Registration \$155 per athlete BEFORE JUNE 30th \$185 AFTER JUNE 30th Canceled check is your receipt

Bsell7@outlook.com **Registration Deadline** July 24, 2024

Current and Former Staff

- Steve Santos: Varsity Girls Soccer Attleboro High School
- Kevin Smith: Varsity Girls Soccer Coach, Mansfield High School
- **Denis Cutler**: Varsity Girls Soccer Coach, Middleboro High School
- Pat Rose: Asst. Men's Soccer Coach, Bridgewater State College
- Kendall Andrew: Providence College, OA Staff
- Phil Silva: Varsity Girls Soccer Bishop Feehan High School

First Touch Team Training 2024 Application

Name:	-		
	Last	First	M.I.
Address	:		
City, Sta	te ZIP		
Home P	hone:		
Birth Da	nte:	Age:	
EMAIL			
Name of	f High School:		
Position	n Fall 2024: : (Please Check) _ Field Player	Goalkeeper	
applicat	ion. Please make	f \$155 is required check payable to TER JUNE 30th)	"First
Mail to:	First Touch Socc c/o Britt Sellmay 223 Poquanticut North Easton, M	yer Ave.	

EMERGENCY INFORMATION SHEET Child's Name:	SUNSCREEN PERMISSION SLIP I give the FIRST TOUCH SOCCER Clinic my permission to offer sunscreen as needed to
1.Parent/Guardian:	my child. I understand that if I do not send my own sunblock labeled with my child's name or if I send a sunblock that has expired
Address:	the club will use their own. Child's Name
Home Phone:	Parent/Guardian
Cell Phone:	
Email:	Signature of Parent/Guardian
2.EmergencyContact(Relationship to child)	Date
Address:	
Home Phone:	
Cell Phone:	
Is this person authorized to pick a child up	

from the club? Yes or No

Medical Form Please send a copy of a Physical within the last 13 months.

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 Easton, 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