



We Want You...

SCA Academy Development Program

ALL NEW! The Sonoma County Alliance Academy Development Program is specifically designed for soccer players who are not quite ready to play Division 1 soccer, but love the game and have the desire to improve their skills. Players in the Academy Development Program will train two times per week with top SCA training staff.

Pre Registration

Step 1: e-mail Andrew Ziemer at andrew@ziemer.com to reserve a spot.

Step 2: Complete the registration form attached and bring it with you on the first day. Please arrive at BEFORE 4pm on the first day.

What to Bring & Wear

Water, cleats or tennis shoes, shorts and shinguards (recommended, but not mandatory). All equipment is supplied.

Locations

(pick one)

Petaluma:

Luchessi Turf Field (Maria Dr.)

Windsor:

Wilson Ranch Soccer Park
(7955 Cameron Dr.)

Questions:

e-mail Andrew Ziemer – andrew@ziemer.com

Training

Monday and Thursday in both Petaluma and Windsor.

4:00 – 5:30 pm

Boys and Girls – 7 – 11

Cost

Session # 1 - \$195

April 20 – June 29 (20 sessions)

Session # 2 - \$265

July 27 – Nov 2 (28 sessions)

8 trainings per month

BOTH SESSIONS - \$395

* In order to receive the discounted rate for both seasons, \$200 is due at registration and the balance of \$195 is due by June 15."

There will be a one time \$20 registration/uniform charge at time of registration, which will include a training shirt and shorts.

A percentage of profits from this program will go to the SCA Player Assistance Program.



SCA Academy Development Program Registration Form



Please bring this completed form with you on the first day and arrive BEFORE 4pm to complete the registration process.

Circle Location: Petaluma Windsor

Player's Name: _____

DOB: _____ Age: _____ Gender: _____

Parents/Guardian Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: Home _____ Cell _____ Work _____

Email: _____

Uniform top size - (new players) *circle one*: YS YM YL

Tuition: check appropriate box

\$20 Registration / Uniform Fee

- Session # 1 - \$195 April 20 – June 29 (20 sessions)
- Session # 2 - \$265 July 27 – Nov 2 (28 sessions)
- \$395 for both session

Payment Method: Cash or Check

Checks payable to SCA Check #: _____ Amount: \$ _____

MEDICAL CONSENT

As the parent or legal guardian of the above named player, I hereby give 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.

Please Print

Parent /Guardian Name: _____

Parent / Guardian Signature: X _____

Alternative Contact Name: _____

Address/City/Zip: _____

Phone: Cell _____ Work _____ Home _____