DTS – Power Shooting I

Dutch Total Soccer's Power Shooting I class will ensure that all players learn to strike the ball correctly with increased velocity, power, and accuracy with each shot. Power Shooting I is based on an understanding and application of the "7 basic steps" for strikers. The mechanics of a powerful and accurate shot will be broken down during this class.

Because of the techniques instructed in the Power shooting curriculum, passing is a key focus and the class and is necessary for the general development of every player in every position. All players should have a detailed knowledge of how to strike the ball correctly in order to complement their overall soccer game. **AGES 7-10** *****Sessions are one class per week for eight weeks (Unless specified otherwise).***

Session #2 – Winter I Classes:

$175: Wednesday - 7:00pm-8:00pm –December 2nd, 9th, 16th, 23rd, 30th, January 6th, 13th, 20th
$175: Saturday - 9:55am-10:55am – December 5th, 12th, 19th, 26th, January 2nd, 9th, 16th, 23rd
$175: Monday - 6:00pm-7:00pm – December 7th, 14th, 21st, 28th, January 4th, 11th, 18th, 25th

All classes are held at **Soccer Centers** (300 Memorial Drive) in Somerset, NJ just a half mile off exit 12 off of Route 287. For more information about Soccer Centers visit www.SoccerCenters.com.

Cost: $175 Per Player

Make checks payable to "Soccer Centers". Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. When signing up for more than one session or child, separate checks and registration forms are required.

Three ways to register!

1) In person at the Bridgewater Recreation Department (Municipal Building – 100 Commons Way - Bridgewater) 9am to 5pm Monday to Thursday 8am to 5pm Fridays,
2) Drop registration off in the "REC" mail slot located on Municipal grounds before or after office hours
3) Via postal service.

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2015-16 Power Shooting I

Checks payable to "Soccer Centers"

Last Name (Participants)	First Name	Gender	
Mailing Address	Town	State	Zip
Home #	Cell # Parent	Work # Parent	
Email Address	Age & Date of Birth	Session # & Day & Time	

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. ☐ **Yes, I will need to be notified regarding special considerations for my child.**

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

_____/_____/ _____

Parent/Guardian Signature Date

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373
office hours 9am to 5pm Monday to Thursday 8am to 5pm Fridays www.bridgewaternj.gov