



***The Ultimate in Goal Keeper Education***

**GK ONE presents:  
Spring Break GK Clinic.  
The Syracuse Indoor Sports Center.**

It's that time of year when you need to refocus. It's time to refine your skills and get ready for your season.

GK ONE will be running training sessions designed to help **you** to peak at the right time – for the **Spring Season**.

There are times where you do not receive the attention **you need** because team tactics become the focal point of training sessions. Let us help you to get what you need to be at your best.

Former U.S. Men's and Women's National Team Goalkeeper Coach and Director of GK ONE, Phil Wheddon, will direct the clinic with his staff.

The clinic will be from February 15<sup>th</sup> -19<sup>th</sup> , 10am -12pm. The cost for the 5 day clinic is \$150. LIMITED ENROLLMENT!! (First come first served). Beginner session available!!!!!!

For more information please call GK ONE Director, Phil Wheddon at: (203) 981-3343 or email [philgk1@aol.com](mailto:philgk1@aol.com) or [Klperrigo7@aol.com](mailto:Klperrigo7@aol.com).

**GK ONE is proud to be sponsored by:**



GK ONE IS A REGISTERED TRADEMARK



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### PARENT OR GUARDIAN:

I certify that the applicant is in excellent physical health and is capable of participation in strenuous physical activity. I further certify that I give permission to him/her to participate in the soccer camp being conducted. I also agree to hold harmless GK ONE LLC, the Syracuse Indoor Sports Center, all staff, host facilities and employees from any and all injuries sustained during participation in clinic activities. In case of an emergency, I grant permission for the applicant to be given treatment at a local hospital.

**Signature of Parent or Guardian** \_\_\_\_\_

**Print name of Parent or Guardian** \_\_\_\_\_

**Insurance Co. and Policy #** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **CT.** Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_



**CLINIC LOCATION : The Syracuse Indoor Sports Center.**

Clinic Dates: February 15<sup>th</sup>-19<sup>th</sup>, 2010.

**COST: \$150**



### QUESTIONNAIRE:

Age \_\_\_\_ Grade in school \_\_\_\_ Years as a goalkeeper \_\_\_\_ E-mail address \_\_\_\_\_

How did you hear about GK ONE? Friend \_\_\_\_ Coach \_\_\_\_ Flyer \_\_\_\_ Other\_(Please specify) **Internet website** \_\_\_\_\_



### PAYMENT:

Please enclose a check for the clinic tuition made payable to **GK ONE LLC.**  
PLEASE MAIL TO : GK ONE LLC. 5812 Nobleton Circle, Jamesville , NY 13078



[www.GKONE.com](http://www.GKONE.com)

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