



HIGH ALTITUDE TRAINING



Taos Center For Excellence



High Altitude Soccer Training



JULY 29 - JULY 31

CAMP FEE: \$40
LOCATION: TAOS, NEW MEXICO
TIME: SCHEDULING TBA

Taos Center For Excellence

Located in Historic Taos, New Mexico

PRESENTS

HIGH ALTITUDE "ELITE SOCCER TRAINING"

THE CAMP IS FOR

Elite Premier Level Youth Players

Birth years 95-99

TRAINING SESSIONS WILL BE CONDUCTED BY THE
TAOS CENTER FOR EXCELLENCE

High Altitude Training Staff

Under the Direction of
KATLIN OKAMOTO & MICHAEL HENSLEY



High Altitude Soccer Training



For More Information contact Katlin Okamoto or Michael Hensley
Katlin Okamoto: 575-770-3028 . Email: katlin.okamoto@gmail.com
Michael Hensley: 575-770-6038 . Email: hensleyfineart@yahoo.com





Taos Center For Excellence



Mission

The Taos Center for Excellence High Altitude Training offers an opportunity for elite soccer players to engage in intense training above 7000 feet.

These training sessions are designed specifically for elite soccer players who are preparing for their upcoming seasons. Technical skills training, fitness, coordination and agility will be the primary focus in preparing the serious athlete for the next level of play.

Every participant should expect to be challenged mentally and physically. Athletes should come to camp with a strong training base and a high level of fitness.

While serious in nature, the sessions are equally enjoyable for all participants. Players will also have the opportunity to explore the historic community of Taos.

The session will conclude with a hike to Wheeler Peak (New Mexico's high point at 13,161 ft.). Lungs, calves and quads will feel the 3,000 plus vertical gain as you climb high above the famous Taos Ski Valley.

High Altitude Soccer Training

Coordinators

KATLIN OKAMOTO: Assistant Coach, Smith College Soccer Program (Fall 2009-Present), Volunteer Assistant Coach: Colorado College Women's Soccer (Fall 2008-Spring 2009), Staff Coach: Pride Soccer Club, Colorado Springs, CO (Fall 2008), Taos High School Girl's Varsity Soccer (Fall 2007) Director of Girls Programs: Soccer Without Borders, San Francisco, CA (7/2007-1/2009) USSF "E" License.



Played collegiately at Colorado College Division I Women's Program: (2003-2007), Co-Captain (2005-2007), 2006 NCAA Tournament appearance, CC Team Rookie of the Year (2003), Division I All-Independent 2nd Team (2004), Division I All-Independent 1st Team (2005), Division I All-Academic Team (2005), Conference USA All-Academic Team Honorable Mention (2006), ESPN The Magazine's Academic All-District 7 1st Team (2006), Laura Golden Award winner (2007)

MICHAEL HENSLEY: Twenty plus years coaching experience. Founder & director of the "Soccer Skilz" soccer camps as well as the founder and director of the "Soccer in the Park" & "Soccer After Dark" regional soccer programs. As a coach Mr. Hensley has led teams to three 3V3 US National Championships (girls) and one 3V3 US National Champion runner up (boys). USSF National "Y" License.



CASEY TONREY: Played collegiately at Boston University Division I Men's Program. Coaching experience includes three years as Volunteer Assistant Coach at the University of Massachusetts. In addition Mr Tonrey is currently the Taos High School Women's soccer coach. High School Playing Experience - Played on two Massachusetts state champion teams at Duxbury High School. Member of the All New England Team in high school Holds BA in Psychology, MA in Education. Most recent accolades Old Guy - Golden Boot - TSC 8v8 at age 45.







High Altitude Soccer Training



 ENROLLMENT IS LIMITED
 (20) MALE PARTICIPANTS (20) FEMALE PARTICIPANTS FIRST COME FIRST SERVED BASIS

Mail your enrollment form to: **(Make check payable to Michael Hensley)**

 Michael M. Hensley
 PO Box 2952
 Ranchos de Taos, NM 87557

 Taos High Altitude Soccer Training | Session II: _____

Participants Name: _____

Participants Home Phone: _____ Cell Phone: _____ Email: _____

Age: _____ Date of Birth: _____ Shirt Size: _____ Preferred Field Position: _____

Allergies, Medical Conditions: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____


Email: _____


In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone: _____

Name: _____ Phone: _____

This Authorization for emergency medical treatment must be completed before a player begins participation. I the undersigned, (if the applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand the following information. There are risks connected with my participation in this camp and its related activities. I release, waive, discharge and covenant not to sue event sponsors, event charities and their workers, employees and directors, from all action, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by the negligence of the releasee or otherwise. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that (I) we have given up the rights by signing this release and sign below voluntarily.

 Participant Signature: _____ Date: _____

 Parent/Guardian Signature (if under 18): _____ Date: _____