

**Moeller High School**  
**Boys Soccer**  
**9001 Montgomery Road**  
**Cincinnati, OH 45242**



Archbishop  
**MOELLER**

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2007 Moeller Soccer Information

April 1, 2007

The Following is a list of information you will need to properly prepare for the 2007 soccer tryouts.

- (1) Formal conditioning will begin Monday, July 30, 6:30pm to 8:45pm at Moeller High School. Be sure to bring water, running shoes, and proper training clothing. Conditioning will be rain or shine.
- (2) Tryouts will begin Monday August 6 at Greene Middle School. For varsity candidates, this is the start of twice a day practices. Tryouts will be held for all three levels: Varsity, Junior Varsity A, and Junior Varsity B.
- (3) Enclosed is your summer conditioning program. It is very important to follow this schedule. The only excuse for not training is illness or injury.
- (4) Enclosed is the fall 2007 Moeller Soccer Schedule.
- (5) Summer Training will be July 10, 12, 17, and 19. Every player should bring a ball to the training sessions. Training will be held 6:30 to 8:30pm at Posey & Hartman fields (Sycamore Arsenal Complex) on Rt.42 north of Mason. These Training sessions are not mandatory, but they are strongly recommended because these will be used as actual team training sessions.
- (6) Moeller will be hosting the PSV soccer camp July 23-27 9:00am to 12:00pm at Francis Recreates in Blue Ash. Only the first 60 Moeller players to sign up for the camp will be accepted. See the enclosed camp forms.**
- (7) Moeller school sponsored physicals are tentatively scheduled July 28 from 8:00am – 9:00am at Beacon Orthopedics & Sports Medicine, 500 E. Business Way. The cost of the physical is \$20. All players must have a physical prior to the start of tryouts.

The success of this program and yourself depends upon your level of dedication to improving yourself as a player. It is critical that when we begin July 30 you are in shape and are committed to having a successful season.

As you are aware our schedule is very demanding and challenging. Our staff is dedicated to enjoying another successful season. The question is are YOU???

You as a player have the opportunity to participate and contribute to one of Cincinnati's finest soccer programs and to represent the great school that you attend. What you do with this opportunity is up to you.

Should you have any questions contact Randy Hurley at 777-2055 ([randall.hurley@gmail.com](mailto:randall.hurley@gmail.com)) or Keith Schaeper at 791-1680 x369 ([kschaeper@moeller.org](mailto:kschaeper@moeller.org)). You can also check our website for information updates <http://www.moeller.org/Default.aspx?tabid=349>. Have a great summer and work hard!

Sincerely,

Coach Randy Hurley

**UNITED STATES SOCCER FEDERATION**  
**Sprint Program**  
**(Begin this Program July 2)**

**Week 1 (July 2 – July 7)**

12 reps – 20 yards  
10 reps – 40 yards  
8 reps – 60 yards  
12 reps – 20 yards (backwards)

**Week 3 (July 16 - 21)**

18 reps – 20 yards  
15 reps – 40 yards  
12 reps – 60 yards  
8 reps – 80 yards  
12 reps – 20 yards (backwards)

**Week 2 (July 9 - 14)**

15 reps – 20 yards  
12 reps – 40 yards  
10 reps – 60 yards  
6 reps – 80 yards  
12 reps – 20 yards (backwards)

**Week 4 (July 23 - 28)**

20 reps – 20 yards  
18 reps – 40 yards  
15 reps – 60 yards  
10 reps – 80 yards  
12 reps – 20 yards (backwards)

Appropriate Rest periods are an important part of this training program. An example would be:

20 seconds per 20 yard sprint  
30 seconds per 30 yard sprint  
45 seconds per 60 yard sprint  
60 seconds per 80 yard sprint  
70 seconds per 100 yard sprint

- \*All sprints must be done at top speed!
- \*Proper warm up and warm down are essential
- \*Take every Sunday off. Otherwise, do daily

# ARCHBISHOP MOELLER HIGH SCHOOL SCHEDULE

2007	Soccer	Varsity, J.V. A, J.V. B	04/1/2007
School Year	Sport	Level	Date

**This schedule cannot exceed the number of games allowed by the OHSAA**

Month	Date	Level	Opponent	@	Location	Times	
Thur	8	9	JV B	St. Henry (scrimmage)	@	St. Henry	4:30pm
Thur	8	9	JV A	St. Henry (scrimmage)	@	St. Henry	6:00pm
Thur	8	9	Varsity	St. Henry (scrimmage)	@	St. Henry	7:30pm
Sat	8	11	JV A	Finneytown (scrimmage)	@	Francis Recreates	1:00pm
Sat	8	11	Varsity	Finneytown (scrimmage)	@	Francis Recreates	3:00pm
Tues	8	14	JV B	Fairfield (scrimmage)	@	Fairfield	TBA
Tues	8	14	JV A	Fairfield (scrimmage)	@	Fairfield	TBA
Thur	8	16	Varsity	Fairfield (scrimmage)	@	Fairfield	6:00pm
Sat	8	18	JV B	Centerville (scrimmage)	@	Centerville stadium practice field	TBA
Thur	8	23	JV B	Fairfield	@	Fairfield HS	4:30pm
Sat	8	25	JV A	Lakota West	@	Hopewell Jr. High	1:00pm
Sat	8	25	Varsity	Lakota West	@	Hopewell Jr. High	5:00PM
Mon	8	27	JV B	Oak Hills	@	Francis Recreates	4:30pm
Tue	8	28	JV A	Lakota East	@	Hopewell Jr. High	5:00pm
Tue	8	28	Varsity	Lakota East	@	Hopewell Jr. High	7:00pm
Wed	8	29	JV B	Sycamore	@	Sycamore	4:30pm
Thur	8	30	JV B	Covington Catholic	@	Blue Ash Sports Center	4:30pm
Thur	8	30	JV A	Covington Catholic	@	Blue Ash Sports Center	5:30pm
Thur	8	30	Varsity	Covington Catholic	@	Blue Ash Sports Center	7:15pm
Tue	9	4	JV A	Fenwick	@	Blue Ash Sports Center	5:30pm
Tue	9	4	Varsity	Fenwick	@	Blue Ash Sports Center	7:15pm
Wed	9	5	JV B	Centerville	@	Francis Recreates	5:30pm
Sat	9	8	JV A	St. Xavier	@	Blue Ash Sports Center	5:30pm
Sat	9	8	Varsity	St. Xavier	@	Blue Ash Sports Center	7:15pm
Mon	9	10	JV B	St. Xavier	@	St. Xavier	4:30pm
Mon	9	10	JV A	Badin	@	Hamilton Soccer Stadium	5:30pm
Mon	9	10	Varsity	Badin	@	Hamilton Soccer Stadium	7:15pm
Wed	9	12	JV B	Carroll	@	Francis Recreates	5:30pm
Sat	9	15	JV A	Indianapolis North Central	@	Indianapolis North Central	5:00pm
Sat	9	15	Varsity	Indianapolis North Central	@	Indianapolis North Central	7:00pm
Tue	9	18	JV A	McNicholas	@	Blue Ash Sports Center	5:30pm

Tue	9	18	Varsity	McNicholas	@	Blue Ash Sports Center	7:15pm
Wed	9	19	JV B	Elder	@	Francis Recreates	4:30pm
Thur	9	20	JVB	Sycamore	@	Francis Recreates	4:30pm
Sat	9	22	JV A	Chaminade-Julienne	@	CJ – TBA	5:30pm
Sat	9	22	Varsity	Chaminade-Julienne	@	CJ – TBA	7:15pm
Mon	9	24	JV B	LaSalle	@	LaSalle	4:30pm
Tue	9	25	JV A	Roger Bacon	@	Roger Bacon	5:30pm
Tue	9	25	Varsity	Roger Bacon	@	Roger Bacon	7:15pm
Wed	9	26	JV B	St. Xavier	@	Francis Recreates	4:30pm
Thur	9	27	JV A	LaSalle	@	Blue Ash Sports Center	5:30pm
Thur	9	27	Varsity	LaSalle	@	Blue Ash Sports Center	7:15pm
Sat	9	29	JVA	Centerville	@	Centerville	5:00pm
Sat	9	29	Varsity	Centerville	@	Centerville	7:00pm
Mon	10	1	JV B	Carroll	@	Dayton Carroll	5:30pm
Tue	10	2	JV A	Carroll	@	Blue Ash Sports Center	5:30pm
Tue	10	2	Varsity	Carroll	@	Blue Ash Sports Center	7:15pm
Wed	10	3	JV B	Oak Hills	@	Rapid Run Middle School	4:30pm
Thur	10	4	JVB	Centerville	@	Centerville	5:30pm
Sat	10	6	JV A	Purcell Marian	@	Blue Ash Sports Center	5:30pm
Sat	10	6	Varsity	Purcell Marian	@	Blue Ash Sports Center	7:15pm
Mon	10	8	JV B	Elder	@	Elder	4:30pm
Tue	10	9	JV A	Alter	@	Alter	5:30pm??
Tue	10	9	Varsity	Alter	@	Alter	5:30pm??
Wed	10	10	JV B	LaSalle	@	Francis Recreates	4:30pm
Thur	10	11	JV A	Elder	@	Valley Junction Rd	5:30pm
Thur	10	11	Varsity	Elder	@	Valley Junction Rd	7:15pm

**PSVusa Soccer Camp**

Date: July 23 to July 27

Time: 9:00am to 12:00pm (Noon)

Location: Francis Recreates park in Blue Ash  
11982 Conrey Road,  
Cincinnati, OH 45249

Registration Deadline: June 16, 2007  
Camp is limited to the first 60 players to enroll

Camp Fee: \$100

This camp includes instruction from PSV camp instructors in the Dutch Method of playing. Each participant will receive (2) t-shirts. The Camp will be used for team training camp purposes. It is highly recommended that **all** soccer team candidates participate. **Please make all checks out to Moeller Soccer.** To register for the camp please fill out the registration information below and the Parental Consent form. Mail both forms to:

Moeller Soccer  
c/o Keith Schaeper  
9001 Montgomery Rd  
Cincinnati, OH 45242

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Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Participant's Age: \_\_\_\_\_

Participant's T-Shirt Size: \_\_\_\_\_

Payment Type (circle one); cash    check    visa    mastercard    American express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*PSVusa Soccer Camp*

**PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY  
PLEASE RETURN BY MAIL WITH THE REGISTRATION FORM**

NAME \_\_\_\_\_ DATE OF CAMP July 23-27, 2007

IN CONSIDERATION OF THE PSVusa SOCCER CAMP ACCEPTANCE OF \_\_\_\_\_ AS A STUDENT IN THE PSVusa SOCCER CAMP FOR THE PERIOD OF THE DATES ABOVE.

IT IS AGREED THAT ALL RISKS ATTENDANT TO WATCHING AND/OR PARTICIPATING IN CAMP ACTIVITIES INCLUDING, BUT NOT LIMITED TO BODILY INJURY, ARE ASSUMED BY THE STUDENT AND HIS/HER LEGAL GUARDIAN AND THAT THIS ASSUMPTION IS ACKNOWLEDGED, APPROVED, AND AGREED TO BY SAID STUDENT AND HIS/HER LEGAL GUARDIAN AS INDICATED BY THEIR SIGNATURE HERETO. PSVusa SOCCER CAMP WILL NOT ASSUME ANY FINANCIAL RESPONSIBILITY FOR INJURIES/ACCIDENTS. THE PARENT'S/GUARDIAN'S INSURANCE WILL BE THE ONLY AVAILABLE INSURANCE COVERAGE.

I THE UNDERSIGNED, UNDERSTANDS THE RISKS INVOLVED IN PARTICIPATING IN SOCCER AND HEREBY CONSENT FOR MY SON TO PARTICIPATE IN THE ACTIVITIES. I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE PSVusa SOCCER, ARCHBISHOP MOELLER HIGH SCHOOL, ITS SCHOOL BOARD, AGENTS, EMPLOYEES AND ASSIGNEES FROM ANY LIABILITY, CLAIMS, ACTIONS, DEMANDS AND JUDGMENTS ARISING OUT OF ANY INJURY OR LOSS SUSTAINED BY THE ABOVE NAMED PLAYER WHILE PARTICIPATING IN THE PSVusa SOCCER CAMP.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE NAMED CAMPER IS PHYSICALLY ABLE TO PARTICIPATE IN THE PSVusa SOCCER CAMP AND THAT I KNOW OF NO PHYSICAL IMPAIRMENTS THAT WOULD IN ANY MANNER LIMIT HIS PARTICIPATION IN THE PROGRAM.

I HEREBY GRANT PERMISSION FOR PHYSICIANS OR DENTISTS AND THEIR DESIGNEES EMPLOYED BY LOCAL HEALTH/EMERGENCY SERVICES TO ADMINISTER OUTPATIENT MEDICAL, SURGICAL OR DENTAL SERVICES TO ADMINISTER APPROPRIATE OR NECESSARY ANTIGENS OR OTHER INJECTIONS. TO PERFORM EMERGENCY PROCEDURES AS NECESSARY OR TO REFER TO DULY LICENSED MEDICAL PERSONNEL WHEN INDICATED INCLUDING TRANSFER TO THE HOSPITAL.

PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

**MEDICAL INFORMATION**

HOSPITALIZATION PLAN CLAIM#: \_\_\_\_\_ COMPANY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MEDICAL HISTORY (IF PERTINENT) \_\_\_\_\_

ALLERGIES, PRESENT MEDICATION, SPECIAL CONSIDERATIONS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_