

# BIOS



Billy Brent is a U.S. certified speed, agility and quickness trainer (SAQ) and owner of Brent's SAQ. He has worked with hundreds of athletes from little league to collegiate and professional levels in most sports including NFL football and profes-

sional soccer. Coach Brent has done speed training for soccer club and school teams for more than 15 years including Solar, FC Dallas, Dallas Texans, Sting and Bolca Boys. Brent's SAQ program specializes in Speed Development, Reaction Time, Technique Analysis, Flexibility Development, Agility & Acceleration Training, Form Observation, Balance Control and Stabilization.

Billy is a former football defensive back and track sprinter. As a coach and teacher, Billy knows everything he says or does with a student can build them up or tear them down. His passion is teaching, coaching and building athletes in a positive way to "lift them up" while helping make them the very best he or she can be.



Terry Woodberry grew up in London, playing in the Chelsea FC before moving to the United States to attend college and play soccer at Southern Nazarene University where he was named NAIA honorable mention All American in 1987. Coach Woodberry played professionally from 1987 - 2001 for teams in the Southwest Indoor Soccer League, the Continental Indoor Soccer League, NPSL, and the MISL and WISL for the Dallas Sidekicks winning the WISL championship with the Sidekicks in 2001. Woodbury was a member of the U.S. Futsal team that took second place at the FIFA Futsal World Cup in 1992. In 2004 he became a coach with the youth club Dallas Solar and in 2007 was named he Region III USASA Coach of the Year.

**ALL IN ONE WORKOUT** combines soccer skills with Strength, Agility and Quickness (SAQ) training into one dynamic, power workout taught by former MISL Dallas Sidekick and 2007 Region III USASA Coach Of The Year Terry Woodberry and U.S. Certified SAQ trainer Billy Brent.

Workouts begins every Wednesday and Sunday starting September 7 & 11, 2011.

DAYS	AGES	
	6 -11	12 & up
WEDNESDAY	6:00-7:30	7:30-9:00
SUNDAY	2:30-4:00	4:00-5:30

**Camp cost:** \$25 per workout = \$200/month in advance. Drop-in fee \$35.

**Team cost:** \$200 per workout (must pay for 4 workouts up front)

*Payment is due in full by first workout. No refunds for missed workouts. Cash or checks are accepted.*

Limited spots available based on a first come, first serve basis.

*\* Please bring a soccer ball to the workouts.*



## ALL IN ONE WORKOUT

Health History and Medical Release Form

Name of athlete \_\_\_\_\_

Today's date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Parent's name \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Athlete's age \_\_\_\_\_

DOB \_\_\_\_\_

SEX  M  F

T-Shirt Size  Small  Medium  Large  XL

*Please answer as accurately as possible. If "Yes" please explain.*

Any heart related conditions: \_\_\_\_\_

Any breathing difficulties or conditions: \_\_\_\_\_

Any injuries involving muscle, tendon, ligament, bone, nerve: \_\_\_\_\_

Any surgeries involving muscle, tendon, ligament, bone, nerve: \_\_\_\_\_

Any histories of seizures: \_\_\_\_\_

List any medications you are on: \_\_\_\_\_

List any other condition or medications you feel we should be aware of: \_\_\_\_\_

### Medical release (must be completed before beginning this program)

I hereby authorize Billy Brent's Staff to act for me, according to their best judgment requiring medical attention and hereby waive and release Billy Brent's Staff from any liability for any injuries or illness incurred while at camp or during workouts. I have listed any medical conditions or physical impairments that would affect the above named athlete. I understand that many of the activities that may be performed during training sessions will be challenging and intense and agree to allow my child to participate. I also certify that the above named athlete is covered by a medical insurance policy in case of illness or injury.

Parent's/Guardian's Printed Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

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 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Parent's name \_\_\_\_\_  
 Emergency contact \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_  
 Athlete's age \_\_\_\_\_  
 DOB \_\_\_\_\_  
 SEX  M  F  
 T-Shirt Size  Small  Medium  Large  XL

*Please answer as accurately as possible. If "Yes" please explain.*

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 Any breathing difficulties or conditions: \_\_\_\_\_  
 Any injuries involving muscle, tendon, ligament, bone, nerve: \_\_\_\_\_  
 \_\_\_\_\_  
 Any surgeries involving muscle, tendon, ligament, bone, nerve: \_\_\_\_\_  
 \_\_\_\_\_  
 Any histories of seizures: \_\_\_\_\_  
 List any medications you are on: \_\_\_\_\_  
 List any other condition or medications you feel we should be aware of:  
 \_\_\_\_\_  
 \_\_\_\_\_

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