

US Youth Soccer

MISSION STATEMENT OF THE NATIONAL YOUTH LICENSE

"The Game in the Child"

The mission of the National Youth License and the State Youth Courses is to provide the most current and advanced information on growth and development of the youth soccer player. The youth soccer player is defined as any child from pre-school through adolescence. The course takes the approach that the *GAME WITHIN EACH CHILD* is at the center of all belief, decisions and actions taken by the child, coach and organization. It is the ultimate goal of youth soccer development within the United States to unlock the game within children to reach their full soccer potential.

GLOSSARY OF TERMS

- ❑ **Psychomotor Development** is the process of acquiring physical skills as related to mental ability to recognize cues and respond with the appropriate action.
- ❑ **Cognitive Development** is mental development. This includes not only memorization, but also creativity and problem solving.
- ❑ **Psychosocial Development** is the development of the sense of self in relation to others. It covers a range from individual awareness, to pairs (playmates), to small groups and to large groups.

Piaget's Stages of Cognitive Development

- ❑ **Sensory-Motor Stage** - The stage ranging from infancy to becoming a young child. At this stage sensory input is the primary method of learning. The early acquisition of language and the ability to walk occur in this stage.
- ❑ **Preoperational Stage** - Begins at the onset of early childhood. At this stage the difference between reality and fantasy is fuzzy. Children in this stage are naturally curious and individually oriented.
- ❑ **Concrete Operational Stage** - This is the age of rules during the preadolescent years. Rules play a significant role for youth at this age. Rules provide the basis for cooperative play with playmates.
- ❑ **Formal Operational Stage** - This Formal Operational Stage is the stage of "adult" logic. At this stage the motivation for a given action is as important as the outcome of the action.

PRINCIPLES OF YOUTH COACHING

- ❑ Developmentally Appropriate
- ❑ Clear, Concise and Correct Information
- ❑ Simple to Complex
- ❑ Safe and Appropriate Environment
- ❑ Decision Making
- ❑ Implications for the Game

COACHING ACTIVITIES CHECKLIST

- ❑ Are the activities fun?
- ❑ Are the activities organized?
- ❑ Are the players involved in the activities?
- ❑ Is creativity and decision making being used by the players?
- ❑ Are the spaces used, appropriate?
- ❑ Is the coach's feedback appropriate?
- ❑ Are there implications for the games?

US Youth Soccer

CHARACTERISTICS OF U-6 CHILDREN

PSYCHOMOTOR DEVELOPMENT OF U-6 SOCCER PLAYERS

- ❑ Movement education approach.
- ❑ Differences between boys and girls are minimal.
- ❑ Weight range for boys and girls approximately 30-50 lbs.
- ❑ Height range for boys approximately 35-45", girls approximately 37-45".
- ❑ Progress in motor development starts with the head and moves downward to the feet and from the center of the body outward.
- ❑ Body segments grow at different rates.
- ❑ Easy fatigue, rapid recovery, heart rate around 90bpm for boys and girls.
- ❑ Emphasis of fundamental movement skills:
- ❑ Locomotor - walking, running, leaping, jumping, and hopping.
- ❑ Nonlocomotor - bending, stretching, twisting, pulling, pushing, and reaching.
- ❑ Basic manipulative - throwing, catching, striking.
- ❑ Increased use of all body parts.
- ❑ Need to explore qualities of rolling and bouncing ball.

COGNITIVE DEVELOPMENT OF U-6 SOCCER PLAYERS

- ❑ Preoperational stage of cognitive development (see Piaget).
- ❑ Play consists of a high degree of imagination and pretend activities.
- ❑ Beginning to use symbols to represent objects in environment.
- ❑ Tend to only one task at a time in problem solving situations.
- ❑ Process small bits of information at a time, long sequential instructions are not processed.
- ❑ Simple rules only.
- ❑ Limited understanding of time, space relations, and boundaries.

PSYCHOSOCIAL DEVELOPMENT OF U-6 SOCCER PLAYERS

- ❑ Beginning to develop self-concept, body awareness, and self-image through movement.
- ❑ Egocentric, see world only from their perspective, demonstrated through parallel play. They all want the ball.
- ❑ Need generous praise and the opportunity to play without pressure.
- ❑ Influential person in their life is most likely their mother or significant parent.
- ❑ May verbalize team, but does not understand group or collective play.

US Youth Soccer

CHARACTERISTICS OF U-8 CHILDREN

PSYCHOMOTOR DEVELOPMENT OF U-8 SOCCER PLAYERS

- ❑ Skeletal system is still growing; growth plates are near joints, thus injuries to those areas merit special consideration.
- ❑ Cardiovascular system is less efficient than an adult's; a child's heart rate peaks sooner and takes longer to recover to full resting rate.
- ❑ Temperature regulation system is less efficient than adults; children elevate their core body temperature more quickly with activity and take longer to cool down than adults.
- ❑ There is perceivable improvement in pace and coordination from U-6 to U-8; however the immaturity of a U-8's physical ability is obvious.

COGNITIVE DEVELOPMENT OF U-8 SOCCER PLAYERS

- ❑ Concrete operational stage of development (see Piaget).
- ❑ Limited ability to attend to more than one task at a time; the simple task of controlling the ball demands most of their attention capacity, thereby leaving little or no capacity for making additional decisions.
- ❑ Concept of time and space relationship is just beginning to develop and will be limited by capacity to attend to multiple tasks.
- ❑ Limited experience with personal evaluation; effort is synonymous with performance, "if I try hard, then I performed well" regardless of the actual performance.
- ❑ Beginning to categorize information; some relationships that "do" exist are not recognized and some relationships that "do not" exist are assumed.

PSYCHOSOCIAL DEVELOPMENT OF U-8 SOCCER PLAYERS

- ❑ Self-concept and body image are beginning to develop; very fragile.
- ❑ Great need for approval from adults such as parents, teachers and coaches. They like to show individual skills.
- ❑ Easily bruised psychologically by both peers and adults; negative comments carry great weight.
- ❑ Like to play soccer because it is "fun"; intrinsically motivated.
- ❑ Their universe is expanding from home to the neighborhood.
- ❑ True playmates emerge with the inclination toward partner activities.
- ❑ Team identity is limited; "I play on Coach Bob's team" or "I play on the Tigers" - club and league concepts are non-existent.
- ❑ There is desire for social acceptance; they want everybody to like them.
- ❑ The influential person is most likely their father or significant parent.

US Youth Soccer

CHARACTERISTICS OF U-10 CHILDREN

PSYCHOMOTOR DEVELOPMENT OF U-10 SOCCER PLAYERS

- ❑ Gross and small motor skills become more refined.
- ❑ Boys and girls begin to develop separately.
- ❑ Ability to stay on task is lengthened.
- ❑ Greater diversity in playing ability and physical maturity, physically mature individuals demonstrate stronger motor skills.
- ❑ More prone than adults to heat injury.
- ❑ Accelerated heat loss, increased risk of hypothermia.

COGNITIVE DEVELOPMENT OF U-10 SOCCER PLAYERS

- ❑ Some children begin moving from concrete operational to formal operational stage (see Piaget).
- ❑ Lengthened attention span, ability to sequence thought and actions.
- ❑ Pace factor becoming developed (starting to think ahead).
- ❑ More inclined towards wanting to play rather than being told to play.
- ❑ Demonstrate increased self-responsibility, bring ball, water, tuck in jersey, and pull socks up.
- ❑ Starting to recognize fundamental tactical concepts, such as changing direction of ball, but not always sure why.
- ❑ Repetitive technique very important, but it must be dynamic not static.

PSYCHOSOCIAL DEVELOPMENT OF U-10 SOCCER PLAYERS

- ❑ More likely to initiate play on their own.
- ❑ Continued positive reinforcement needed.
- ❑ Explanations must still be brief, concise and indicate purpose.
- ❑ Becoming more serious about "their play".
- ❑ Still intrinsically motivated.
- ❑ Peer pressure starting to be a factor.
- ❑ Prefer identification with team, i.e. uniform, balls, and equipment.
- ❑ Adult/s outside of the family may take on added significance.

US Youth Soccer

CHARACTERISTICS OF U-12 CHILDREN

PSYCHOMOTOR DEVELOPMENT OF U-12 SOCCER PLAYERS

- ❑ The average age for the beginning of pubescence in girls is 10 years with a range of 7-14, for boys is age 12 with a range of 9-16.
- ❑ Strength building activities require overloading the muscles to a greater extent than endurance activities.
- ❑ Flexibility training is a key to prevention of injury.
- ❑ Overuse injuries, burnout and high attrition rates associated with high-intensity children's programs that fail to stress development and learning enjoyment.
- ❑ Begin to develop abilities to sustain complex coordinated skill sequences.

COGNITIVE DEVELOPMENT OF U-12 SOCCER PLAYERS

- ❑ Formal operational stage of cognitive development (see Piaget).
- ❑ Changes in thought process are the result in an increased ability to acquire and apply knowledge.
- ❑ Begins to think in abstract terms and can address hypothetical situations.
- ❑ A systematic approach to problem solving appears at this stage, the game of soccer must present the ability to think creatively and solve problems while moving.

PSYCHOSOCIAL DEVELOPMENT OF U-12 SOCCER PLAYERS

- ❑ More TV, Less structured play.
- ❑ Beginning to spend more time with friends and less with parents.
- ❑ Popularity influences self-esteem.
- ❑ Whether a child enters puberty early or late has important psychological implications.
- ❑ Learning an appropriate sex role.
- ❑ Children are susceptible to conform to peer pressure.
- ❑ Most children seek peers that are most like them in age, race, sex and socioeconomic status, opportunity to introduce the value of cultural diversity.
- ❑ Developing a conscience, morality and a scale of values.

US Youth Soccer

NOTABLE QUOTES AND CONCEPTS

The following text contains the concepts of notable individuals in the fields of education, psychology and child development throughout history. They are provided to establish a foundation of child development theory.

Plato (427-347 B.C.) From three to six years of age children should be absorbed with play, in games of their own devising.

Cicero (106-43 B.C.) Advocated early childhood education. He associated the importance of early childhood activities in the first six years of life to their total and overall development throughout life.

Michael de Montaigne (1533-1592 A.D.) Considered play to provide the circumstances in which children develop the individual qualities that become apparent with maturity. He promoted learning by doing, versus rote learning and placed equal value on social interaction. He also felt that creating a desire to learn by making learning enjoyable would instill a long-term attitude about acquisition of knowledge.

Jean Jaques Rousseau (1712-1778 A.D.) Believed that experience (doing) was necessary for perceptual change to occur. This included play experiences. He felt that curiosity and play should be used to inspire learning.

Robert Owen, British Educational Reformist (1771-1858 A.D.) Established the first infant schools in Great Britain and the United States. He advocated the importance of outdoor play and learning, which occurred as a result of natural curiosity stimulated by play.

Friedreich Wilhelm August Froebel, German Educational Reformist (1782-1852 A.D.) Fostered the idea that learning can occur through play and games. He also stressed the importance of educating mothers to the importance of play in child development. His ideas were widely adopted throughout Europe and the United States.

William James, American Educator/Psychologist (1842-1919 A.D.) Promoted the idea that play was the result of instinct. He furthered the idea that children learn best when their own interests motivate them.

John Dewey, American Educator (1859-1952 A.D.) Advocated a change in school curriculum that would implement learning by doing. This influenced the school system to place additional value on practical experience to complement formal classroom sessions.

Caroline Pratt, American Educator (1867-1954 A.D.) Developed both schools and materials that emphasized learning through play.

Maria Montessori, Italian Physician and Educator (1870-1952 A.D.) Developed the idea that structuring the play environment enhanced learning. She utilized sensory-motor activities and manipulative skills with play materials.

Susan Issacs, British Educator and Child Psychiatrist (1885-1948 A.D.) Considered play to be related to all aspects of child development including physical growth, development of social understanding and social skills, reasoning, competition as well as the capacity to manage one's emotions. Believed in allowing youngsters to use their play experiences as vehicles for learning and understanding.

Jean Piaget, Swiss Psychologist and Developmental Theorist (1896-1980 A.D.) He was the author of over a hundred books; most of them based on his analyses of children and their emergent reading processes. His theories center on his discovery that children perceive the world differently than adults and that their development proceeds in determined stages (Sensory-Motor, Preoperational, Concrete Operational, Formal Operational), which always follow the same sequence. His major interest was in cognitive behavior throughout

US Youth Soccer

childhood and adolescence. He viewed imitation as an important part of learning via the play process.

Erik Homburger Erikson, American Specialist in Human Development (1902-1994 A.D.) Thought play to be the vehicle, which allowed children to attempt to deal with and overcome problems. He also considered play as a means by which children learn to organize life and integrate various experiences.

Bruno Bettelheim, Austrian Professor of Educational Psychology (1903-1990 A.D.) Supported and promoted the concept that play is important since it allows youngsters the opportunity to be "in control". This contributes to developing a sense of security and self-sufficiency.

Michael Ellis, American Educational Psychologist (unk.) - Viewed play as arousal seeking. This is caused by a need to initiate interaction with the environment, which elevates arousal and level of interest. He also associated play with "competence effectance - to produce effects and outcome". Such changes demonstrate competence and result in feelings of "effectance".

Albert Bandura, American Developmental Psychologist (1925-present) assigns a central role to cognitive, vicarious, self-regulative and self-reflective processes in human mastery and adaptation. He recognizes that virtually all-learning phenomena resulting from direct experience can occur by vicarious influence. He assigns modeling a prominent role in the acquisition and regulation of thought, affect and action. Another major focus is the extraordinary symbolizing capacity of humans.

DR. MARIANNE TORBERT'S REQUIREMENT FOR GROWTH PRODUCING EXPERIENCES

- ❑ **Expansion** - Anything that increases the number of potential experiences
- ❑ **Equalization** - That which equalizes the opportunity for each participant to be challenged and grow at their ability level
- ❑ **Interactive Challenges** - An equalization in which the players participating at their personal level actually contribute to the growth of other players who may be a level below

US Youth Soccer

TEAM ADMINISTRATION & RISK MANAGEMENT

DEVELOPING A PHILOSOPHY OF COACHING

- Player Development.
- Fun and Purpose.

PRINCIPLES OF YOUTH COACHING

- Developmentally Appropriate.
- Clear, Concise and Correct information: Brevity - Clarity - Relevance.
- Simple to Complex: There should be a flow that is appropriate to the age of the players and the topic of the practice - in some instances this will proceed from a warm-up to individual activities to small group activities to large group activities (The Game) - While the progression may vary, every practice should start with a warm-up and end with "The Game".
- Safe and Appropriate training area.
- Decision-making.
- Implications for the Game.

PRE-SEASON PARENT-COACH MEETING

- Discuss coaching philosophy and goals.
- Discuss what is expected of parents (transportation, communication, sportsmanship) and players.
- Obtain information; i.e., medical information, parent's skill inventory.
- Consider Coach-Player meeting on both an individual and group basis as appropriate.

EQUIPMENT NEEDS

- Players should be encouraged to take responsibility and care of their equipment from the beginning to include: ball, shin guards, proper shoes, clothing appropriate for training and climate, and water bottle.
- Coaches should be responsible for: cones, bibs or vests, extra balls, air pump, first aid kit, ice, water, nets, portable goals (if used).

GAME ORGANIZATION

- Pregame.
- Halftime.
- Postgame.

COACHING ACTIVITIES CHECKLIST

- Are the activities fun?
- Are the activities organized?
- Are the players involved in the activities?
- Is creativity and decision making being used?
- Are the spaces used appropriate?
- Is the coach's feedback appropriate?
- Are there implications for the game?

US Youth Soccer

RISK MANAGEMENT: Accepting a coaching position means accepting responsibilities:

- To provide proper instruction for the activity.
- To provide proper equipment for the activity.
- To make reasonable selection of players.
- To provide proper supervision of training and games.
- To take proper precautions to guard against post-injury aggravation.

IMPORTANT POINTS TO REMEMBER

- Never leave a player alone after training or games.
- Be certain that players depart with their parents or designated individual.
- Avoid being left alone with players who are not your children.

ELEMENTS OF NEGLIGENCE

- A "duty" exists.
- A "breach of duty" occurred.
- The breach of duty is the "proximate" or "legal" cause.
- There was actual "damage".

RULES AND MORAL DEVELOPMENT

Piaget's Stages in Consciousness of Rules

- Not Coercive
- Sacred, Untouchable
- Product of Mutual Consent

Piaget's Stages in the Practice of Rules

- Motor
- Egocentric
- Cooperation
- Codification

Kohlberg's Moral Judgement Stage Orientation

- Punishment and Obedience
- Instrumental Relativist
- Interpersonal Concordance of "Good Boy/Girl"
- Law and Order
- Social-Contract Legalistic
- Universal Ethical Principle

US Youth Soccer

SOCCER INJURIES; PREVENTION & CARE

PREVENTION

The first line of defense in the treatment of athletic injuries is to prevent them. A well-planned program accomplishes this; competition among equal ability groups, proper warm-up and adherence to the Laws of the Game. Other factors that can lead to the prevention of injuries:

- Proper use of equipment (shin guards, no jewelry, uniforms designed for climate).
- Upkeep and monitoring of playing surfaces.
- Proper fitting shoes, proper type of shoe for surface.
- Ample water supply and breaks to give players rest.
- Avoid scheduling training during the hottest periods of the day and when there is intense humidity.
- Full rehabilitation of an injury prior to return to play, determined by physician.
- Recommendation of a physical exam by qualified personnel prior to participation.

The coach or assistant should be responsible for assisting with injuries, which should include attending a certified first aid course and knowledge of state and local ordinances.

It is recommended that the coach should follow-up with a phone call about a player's injury to the parents whether or not the parents were in attendance at the game or practice.

Each coach should have and know how to use a First Aid Kit that includes, but is not limited to: Team Safety and Information Card, plastic bags and ties for ice, ice, tape, band-aids, antiseptic, sterile pads, towelettes, gauze pads, elastic wrap, antibiotic cream and rubber gloves (***CARE SHOULD BE GIVEN TO AVOID CONTACT WITH BLOOD AND BODY FLUIDS AND TO USE PROPER DISPOSAL OF ITEMS SOAKED WITH SUCH FLUIDS***).

CARE

The care of the injured athlete will begin the moment an injury occurs. Immediate care will reduce the severity of the injury and the possibility of long-term disability. The coach, upon seeing an injured player on the field should:

- Make sure that the airway is clear.
- Determine if the player is conscious.
- Ask how the injury occurred (player, teammates, and officials).
- Ask the player where it hurts.
- If the player is unable to continue, he should be checked to determine the extent of the injury.

After determining that the injury IS NOT life threatening, the nature of the injury can be further determined.

- Note the position of the injured part.
- Look for swelling and deformity.
- Compare with the opposite side.
- Ask the players and/or teammates what happened.

US Youth Soccer

Treatment for minor injuries such as sprains, strains and contusions is referred to as R.I.C.E. (Rest, Ice, Compression, Elevation). The R.I.C.E. treatment is the only first aid treatment that is safe treatment for a sports injury without professional advice. The treatment helps in three different ways. R.I.C.E. treatments, limited to 20 minutes, can do no harm to any type of injury. Almost anything else (including heat applications) can cause harm in some instances.

- ❑ Applying ice chills the injured area causing the blood vessels to contract, closing circulation to the injured area.
- ❑ Applying pressure with an elastic bandage inhibits the accumulation of blood and fluids in the area, thereby minimizing pain and swelling.
- ❑ Elevating the injured area decreases fluid accumulation to the injured area, puts the area to rest and helps to reduce painful muscle spasms.

FOLLOW-UP care should be considered if gross swelling or deformity is present, the player is unable to bear weight on the injured part or severe pain or discomfort is present.

Some familiar terms that you should know:

- ❑ **SPRAIN** Ligaments are bands of tissue that attach bone to bone and stabilize joints. A sprain is an injury to one or more ligaments.
- ❑ **STRAIN** A tearing injury to a muscle or a tendon (tendons attach muscle to bone) Athlete may hear the muscle tearing, muscle fatigue and spasm before occurrence, severe weakness or loss of muscle function, sharp pain upon occurrence, spasmodic contraction, extreme tenderness to touch and/or indentation to the body part.
- ❑ **CONTUSION** A crushing injury to a muscle or tendon caused by an outside force, which causes hemorrhaging to surrounding tissue.
- ❑ **ABRASION** A loss of surface area of the skin caused by sliding. Care - The area should be cleaned with an antiseptic to prevent infection. An antibiotic ointment should be applied to keep the wound moist and destroy bacteria present.

HEAT INJURIES YOU NEED TO BE AWARE OF:

- ❑ **HEAT CRAMPS** An involuntary contraction of muscle or a muscle group that is repetitive and rapid in nature. Care - Rest, drink water and stretching.
- ❑ **HEAT EXHAUSTION** Surface temperature approximately normal, skin pale and clammy, profuse perspiration, tired and weak, headache - perhaps cramps, nausea, dizziness, possible vomiting and possible fainting (the player will probably regain consciousness as the head is lowered). Immediate Care - Move to a cool area, air-conditioning best, have the player lie down with feet elevated, remove restrictive apparel as appropriate, cool with wet cloths or by fanning, if alert - water may be given (1/2 glass per 15 minutes), if player vomits - take to hospital immediately and always refer to physician for further diagnosis, treatment and prior to return to activity.
- ❑ **HEAT STROKE** Body temperature is high, skin is hot, red and dry, sweating mechanism is blocked, pulse is rapid and strong, player may lose consciousness. Immediate Care - Seek immediate medical care (Call 911), while waiting; treat as above for heat exhaustion keeping in mind that if you reduce the body temperature too rapidly it can cause internal bleeding.

US Youth Soccer

General principles when handling an injured player:

- ❑ Avoid Panic.
- ❑ Use common sense.
- ❑ Seek professional help.
- ❑ Check for breathing, bleeding, consciousness, deformity, discoloration and shock.
- ❑ Dependent upon the nature of the injury, avoid moving the player.
- ❑ Inspire confidence and reassure the player.
- ❑ Determine how the injury occurred.
- ❑ Use certified athletic trainers when available. > Always ERR on the side of caution.
- ❑ It is recommended that if a player has had medical attention, he/she must have written permission from the doctor to return to activity.

US Youth Soccer

TRAINING SESSIONS

U-6

The following is a sample training session for U-6's. Space is also provided for note taking on the session your instructor presents.

1. Coach tosses ball for each player to bring back with: feet, hands, elbow, and forehead.
2. "Try this." activities may include, but not limited to, stretching, twisting, jumping, and balancing.
3. Body part to the ball such as foot, back, belly, knee or butt, while the ball is on the ground. Then without using hands to support your body. Then with the ball in your hands. Then with the ball between your feet.
4. "I can do something without the ball, can you?" Such as skipping, then kids lead. Moving to "I can do something with the ball, can you?" such as tossing the ball and catching with clapping or footwork on the ball. As before giving the lead to the kids as the challenge increases.
5. Body part dribble. Players dribble the ball with different parts of their body as designated by the coach.
6. Four goal game with gates. A player is assigned to each goal. They are to act as a gate to close or open the goal when directed by the coach. The other players play to score on any open goal.
7. "The Game" 4V4 to goals. The coach is the "boss of the balls" serving balls into play until they are all out of play. Player must return the balls to the coach to resume play.

U-8

The following is a sample training session for U-8's. Space is also provided for note taking on the session your instructor presents.

1. Math dribble. Each player with a ball dribbles avoiding the other players. On direction from the coach they form into groups such as "two", "2 + 1".
2. Players dribble ball and stop with the body part the coach calls out. On restart, players change direction.
3. Players toss ball in the air and touch it before it hits the ground, then dribble four touches prior to tossing the ball in the air again.
4. Shadow dribble. In pairs, front player carries the ball and the other player follows while dribbling the ball. Roles are reversed.
5. Everybody's it. Each player with a ball. Players try to tag each other while dribbling.
6. Pac-Man. One player with a ball and the other players in a designated space. The pac-man tries to tag the other players with the ball. As the other players are tagged, they get a ball and become pac-men and join in.
7. "The Game" 4V4, two goals. Each player with a ball, dribbling. On direction from the coach the players try to score on their goal. Next, the team that scores their fours goals first wins. Next, play with four balls total. Next, play with one ball.

US Youth Soccer

U-10

The following is a sample training session for U-10's. Space is also provided for note taking on the session your instructor presents.

1. Players in pairs. Coach tosses the ball and each pair must bring it back with a specific number of touches as determined by the coach. Then the pairs must accomplish the task with alternating touches by passing.
2. Groups of four. As before, the coach tosses the ball and designates the number of touches to return the ball. Requirements can include; maintain a 10yd distance apart, each person in the group must touch the ball at least once, the group must keep the ball in the air, keep the ball in the air with one-touches, one touch passing with a time limit, changing who you pass to each time.
3. Partners with a ball. Partner serves ball in a variety of ways to be returned, such as overhead or between the feet.
4. Groups of eight. Coach tosses the ball for return with requirements as above for partners and groups of four.
5. One touch passing. Two dynamic lines are formed. Upon pass player goes to the end of the other line. The lines must adjust their position to stay in the path of the ball. Challenge is to string as many completed passes together as possible.
6. 4V4. Score by dribbling past the goal line, score by passing to a teammate on the goal line.
7. "The Game" 4V4, two goals. The game may start with conditions, but it must finish without restrictions.

U-12

The following is a sample training session for U-12's. Space is also provided for note taking on the session your instructor presents.

1. Each player dribbling a ball. Players change direction on call from coach. Players demonstrate different ways to change direction, providing a challenge to each other. Intermittent stops for stretching. Change of direction on hand signals from the coach. Play opposite.
2. Group of four in a rectangular grid. Imagine that the ball is a paintbrush. Can you paint the entire floor with passes? Then with pass restrictions. Then with two groups of four in the grid.
3. 4V4 in a rectangular grid. Dribbling across your designated goal line scores a goal.
4. 4V4 in a rectangular grid. A goal is scored when you pass the ball to a teammate who is on your designated goal line.
5. "The Game" 4V4 to goals.

US Youth Soccer

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US Youth Soccer

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