

SYSA PRACTICE SHEET

Date: _____ Time: _____ Location: _____ Age Group: _____

1. Every Practice Starts With (Select 3):

Minutes

a) Push passing in pairs – “two touch”	10	
b) Confined dribbling or passing	5	
c) The Star – “Dribbling, both feet, right, left, be creative, Passing Cycles	15	
d) Juggling: “Start with single hit to catch”	10	

2. Every practice work on one (1) or two (2) of the following activities:

a) Kicking or shooting with laces	15	
b) Defensive clearing	15	
c) Throw-ins	10	
d) First touch or Trapping	10	
e) Chesting	10	
f) Chipping	15	
g) Volleying	15	
h) Figure 8 – Dribble, passing, and heading	15	
i) One touch passing	15	
j) Heading on goal, defensive heading	15	

3. Games (Select 1)

a) Take on	15	
b) King of the Mountain	15	
c) Star Trek	15	
d) Shooter Alley	15	
e) Shielding the defender for points	15	
f) Soccer Marbles	10	

4. Grid Work (Select 1)

a) One vs One	10	
b) Two vs Two	10	
c) Three vs One (Start with Soft Defense)	15	
d) Four vs Two (U10's and up)	20	
e) Four vs Two (Central Goals - U10's and up)	20	
f) Square Passing	15	

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5. Conditioning (Select 1 or more of the following)

a) Fartlek Conditioning (U19 level only)	15	<input type="checkbox"/>
b) Lavigne Run (25%, 50, 75 100 plus situps, push-ups)	15	<input type="checkbox"/>
c) Side-by-side running	15	<input type="checkbox"/>
d) Ladders/Suicides	15	<input type="checkbox"/>
e) Sprinting (Forward/Backwards/push-up/situp)	15	<input type="checkbox"/>
f) Indian Runs	15	<input type="checkbox"/>
g) Center Circle Run	15	<input type="checkbox"/>

6. Tactics

a) Positioning	15	<input type="checkbox"/>
b) Kicks	15	<input type="checkbox"/>
c) Corner Kicks	15	<input type="checkbox"/>
d) Free Kicks	15	<input type="checkbox"/>
e) Defensive Corner Kicks	15	<input type="checkbox"/>
f) Wall Building	15	<input type="checkbox"/>
g) Kick-Off	15	<input type="checkbox"/>
h) 3 v 3 with Goalie	15	<input type="checkbox"/>
i) Offensive Crosses	15	<input type="checkbox"/>

7. Scimmage (Have Fun!)

a) Possession	30	<input type="checkbox"/>
b) Shooting	30	<input type="checkbox"/>
c) Four Corners	30	<input type="checkbox"/>
d) Half Field	30	<input type="checkbox"/>
e) Play the Cones	30	<input type="checkbox"/>
f) Scrimmage another team	30	<input type="checkbox"/>