

# Cardinal Youth Soccer Camps (8-14 Years Old)

## On The Campus of Otterbein University



### Camp Details

Boys and Girls: Ages 8-14

#### Week One

August 3rd - August 7th  
8:30 a.m. - 11:30 a.m.

#### Week Two

August 10th - August 14th  
8:30 a.m. - 11:30 a.m.

At Memorial Stadium on the  
Campus of Otterbein University

180 North Center Street  
Westerville, Ohio 43081

**Single Camp Fee:** \$150

**Both Camps:** \$275

**Christmas Special (Before Dec 26th)-BOGO 50%:** Both Camps for \$225 (\$75 Discount). One camp for \$125 (\$25 Discount).

**Early Bird Special (Jan 1st-March 31st):** Both camps for \$250 (\$50 Discount). One camp for \$125 (\$25 Discount).

**Register after March 31st:** Both camps for \$275 (\$25 Discount). One camp for \$150.

Men's & Women's Soccer Alumni and Current Otterbein Employee Discount: \$25 off with Code: CARDS18. Discount is in addition to all pricing above.

Fees Include: Camp T-Shirt

### Registration

See Page 2

### What to Bring

- Soccer Training Gear
- Rain Jacket
- Cleats, Tennis Shoes, Shinguards
- Water Bottle
- Properly Inflated Ball
- Sunscreen
- Snack

#### Week One (August 3-7)

The focus during Week One is individual technical development. Players will get 1,000 touches on the ball each day and although they will play games, the focus will be on the individual.

#### Week Two (August 10-14)

The focus during Week Two is play within a team, the tactics of Soccer. While improving individual skills, players will learn to play in a game realistic environment.

#### Check-In For Each Camp:

Monday,  
Between 8:00 and 8:30 a.m.

### Questions?

Jason Griffiths (614) 823-3524  
jgriffiths@otterbein.edu

Brandon Koons (614) 823-1077  
bkoons@otterbein.edu

### Camp Directors



Coach Griffiths will enter his 4th season in charge of the Men's Soccer Program in 2020. In his first season Griffiths guided the program to a 19-3 record, won the OAC regular season (9-0) and tournament championships and led the team to the Sweet 16 of the NCAA tournament. Griffiths was named OAC Co-Coach of the Year in 2017 and his staff was named Great Lakes Regional Staff of the Year.

Jason has an NSCAA Level Two Goalkeeping Diploma and a USSF "B" License.



**Brandon Koons** will enter his 22nd year in charge of the Cardinals' Women's Team this Fall. Since his start in 1999 the Cards have compiled at 290-91-35 record, won 14 OAC Championships leading

to 12 Coach of The Year Awards (6x OAC, 3x Ohio, 3x Great Lakes Region) and have played in 7 NCAA Tournaments. The team finished in the Sweet 16 in '05, '08 and '09 and advanced to the 2010 National Semi-Final.

Koons has an NSCAA Premier Diploma, NSCAA State and Regional Goalkeeping Diplomas and a USSF "B" License, as well as a Master of Teaching degree.

## CLINIC REGISTRATION

To register for the clinic, please send this page (completed) and a check addressed to "Griffiths Soccer Camps, LLC" for correct price listed on page 1 to the following address:

Jason Griffiths  
Clements Recreation Center  
180 North Center Street  
Westerville, Ohio 43081

**Application  
Player Name:**

**Address:**

**Contact E-Mail:**

### Release and Waiver of Liability, Assumption of Risk And Indemnification Agreement as to Participant

Name of Participant: \_\_\_\_\_

Address/Phone No.: \_\_\_\_\_

This Release and Waiver of Liability, Assumption of Risk and Indemnification Agreement ("Agreement") is signed by or on behalf of the above-named person (the "Participant"). I request that Otterbein University (the "University") give permission to Participant to come onto University's campus, including grounds and facilities on or around the Rike and or the Clements Center (collectively as the "Facilities"), to participate in activities ("Event Activities") throughout August, 2020, organized, supervised and run by Griffiths Soccer Camps, LLC. I agree that I am solely responsible for arranging appropriate supervision of the Participant by individuals that are not part of the University, which includes any supervisors supplied by the Event Organizer and any other persons. I agree the University, its trustees, officers, employees, volunteers and agents (collectively as the "Releasees") shall not be responsible for supervising the Participant. I agree that such supervisor(s) and Participant are responsible for following any policies and rules that the University may have, and that the Releasees assume no responsibility for ensuring that such supervisor(s), Participant and other persons follow University policies and rules.

I understand that the Facilities contain heavy equipment, exercise equipment, athletic equipment and gear, moving vehicles and equipment on or about the Facilities, stationary and moving persons participating in various athletic and other activities on or about the Facilities, and other potential hazards on or about the Facilities. I acknowledge that the Participant's being around or near such hazards may result in injury, death or loss to persons, including the Participant.

As a result of all such risks, I understand that the Participant and his or her family members may incur damages, including severe and permanent injuries, death, pain, suffering, emotional distress, loss of consortium as to family members and legal guardians, medical expenses, loss of income, loss of earning capacity, property damage and other damages (collectively as "Damages").

I understand that neither the actions of the Participant nor the actions of any other person can necessarily be controlled, and that the safety of Participant and his or her property cannot be guaranteed while on or at the Facilities. I have discussed these risks with the Participant who understands them to the extent possible given his or her age and abilities, and who wishes to participate in Event Activities despite the risks.

On behalf of the Participant, myself, and all other legal guardians of the Participant, and in consideration for Participant's being allowed to come onto the University's campus, including the Facilities, and participate in Event Activities, I agree to the following: I, THE PARTICIPANT AND THE PARTICIPANT'S LEGAL GUARDIANS ASSUME ALL RISKS DESCRIBED HEREIN. I, THE PARTICIPANT AND THE PARTICIPANT'S LEGAL GUARDIANS agree to RELEASE, WAIVE, INDEMNIFY, HOLD HARMLESS AND COVENANT NOT TO SUE, THE RELEASEES FROM ANY AND ALL CLAIMS FOR DAMAGES, INCLUDING but not limited to ANY DAMAGES ARISING FROM ANY RELEASEE'S NEGLIGENCE, THAT THE PARTICIPANT AND/OR ANY OF HIS OR HER LEGAL GUARDIANS MAY HAVE, except that an individual Releasee shall not be released from his or her willful or wanton misconduct. The provisions in this agreement are contractual, and shall be in addition to, and not limited by, any immunity, limitation of liability, waiver or assumption of risk conferred by statute or common law.

I certify that the Participant has no physical limitation, conditions or disabilities that would unreasonably increase the Participant's personal risk or inhibit the Participant's ability to participate in the Event Activities.

I acknowledge that this Agreement is intended to be as broad and inclusive as permitted by laws of the State of Ohio, and that if any portion thereof is held invalid, it is my intention that the balance shall, notwithstanding, continue in full legal force and effect, that the terms of the Agreement are contractual and not a mere recital.

**Signed by Visitor (if he or she is age 18 or older and legally competent to enter agreements), or a legal guardian of Visitor authorized to sign on behalf of Visitor and all of Visitor's legal guardians (if Visitor is under age 18 or not legally competent to enter agreements):**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

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**Club Player**

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**Recreational Player**

**Player Age:** \_\_\_\_\_

**T-Shirt Size:** YM YL AS AM AL AXL

**Emergency Contact Name:**

**Emergency Contact Number:**

I understand by signing this I recognize the potential for injury and give permission for any staff members to seek medical attention for my daughter in an emergency situation. I hold neither the camp nor it's staff liable for any injuries received during camp. I have informed the staff (in writing) of any medical conditions my child has in case of emergency, and provided any medications (if necessary) needed to treat my son or daughter.

By signing below I give to use photographs of my child in promotional materials for future clinics.

\_\_\_\_\_  
**Parent / Guardian Signature**