



The Ohio Players Academy (**OPA**) is for High School aged boys and graduating seniors who are looking to gain a competitive edge over the summer and to showcase their abilities in front of college coaches.

### **Benefits of OPA**

- Play/train with like minded players in a fast paced, competitive environment
- Receive professional coaching from college coaches
- Learn to play at the college tempo/speed of play
- Be introduced to college tactics and sessions
- Learn how to eat and live a healthy lifestyle to maximize player performance
- Use GPS sensors to see how you compare to the pros/college players and track metrics including heat map distance travelled, top speed and player load to help aid in fitness, performance and recovery
- Showcase your ability in front of college coaches on a daily basis
- Take part in a college ID clinic in front of college coaches
- We can implement your HS/College Pre-Season Fitness training into our sessions

### **Topics Covered**

\*May change based on level and needs of players participating\*

- Transition to offense/defense
- Possession to penetrate
- Speed of play
- Combination play in the final third
- Building out of the back
- Finishing exercises
- Crossing & finishing
- Defend as a line (back, midfield, forward)
- Deny penetration
- Defending in the red zone
- Pressing

### **When**

**12 Sessions:** Every Tuesday & Thursday - **June 4th-July 18th 1-2:30 PM (Check website for all dates as there are 2 Friday sessions)**

**\*No training the week of July 4th\***

### **Where**

Otterbein University - Memorial Stadium Turf Field  
180 N. Center Street, Westerville, OH 43081

### **Cost**

\*Includes 2 training shirts that must be worn to all sessions\*

\$350 per player if paid in full by April 30th  
\$385 per player if paid in full after April 30th  
\$100 deposit required to reserve your spot-remaining balance due by June 3rd

Can register as a field player or goalkeeper. Goalkeepers will receive GK specific training at every session.

**\$10 online processing if paying online. Mail in cash or check using this form to avoid fee.**

### **Add ons:**

**ID Camp \$75 (Usually \$100):** June 15th. Take part in college ID camp and train and play in front of college coaches throughout the midwest. Must register at same time as this program for discount.

### **OPA Staff**

**Director:** Jason Griffiths (Otterbein University Men's Head Coach)

**GK Coach:** Tom Greensall (Otterbein University Men's Assistant Coach)

# CLINIC REGISTRATION

To register for OPA, please send this page (completed) and a check addressed to "Griffiths Soccer Camps LLC" for amount owed (see pricing above) to the following address:

Otterbein University  
Men's Soccer  
180 North Center Street  
Westerville, Ohio 43081

## Application

**Player Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Grad Year:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Club:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

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

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

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

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

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") in June/July 2019, 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:** \_\_\_\_\_