

Middle School Soccer Academy for Boys and Girls

On The Campus of Otterbein University



Middle School Soccer Academy for BOYS and GIRLS

3 Sessions
July 25, 26, 27
5:00 pm to 7:00 pm

On The Campus of Otterbein University
Memorial Stadium
135 Center Street
Westerville, Ohio 43081

Sessions Include:

- Classroom Introduction to Each Session
- College Coach Directed Training
- Warm-Up, Activation
- Session Activities
- Scrimmage

Topics Covered:

- Individual Skills
- Transition
- Speed of Play
- Game Awareness
- Finishing

* Goalkeepers Receive Goalkeeper Specific Training Each Session.

What You Receive:

- Instruction / Feedback From College Coaches
- Access to Camp Video

What To Bring:

- Cleats
- Indoor Soccer Shoes
- Shin Guards
- Rain Jacket
- Water Bottle
- Sunscreen

What To Wear:

- Black Shorts
- Black Socks
- Grey T-Shirt

Registration Information:

- \$75 for 3 Sessions
- Register Online at:
www.otterbeinwomenssoccercamps.com
* This event is for boys AND girls *
- or Register Through The Application on The Back of This Flyer

Camp Staff

Men's Soccer

- Head Coach, Jason Griffiths
- Assistant Coach, Liam Heard
- Goalkeeping Coach, Marc Johnson

Women's Soccer

- Head Coach, Brandon Koons
- Assistant Coach, Priscilla Severance

Questions:

- bkoons@otterbein.edu

CLINIC REGISTRATION

To register for the camp:

(1) Send this page (completed) and a check addressed to "Otterbein Soccer" for \$75 (Non-Refundable Registration Fee) or the full amount to:

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

Or (2) register online at:

www.otterbeinwomenssocceramps.com

* There is a small fee for online registration

Application

Player Name: _____

Address: _____

E-Mail: _____

Cell Phone: _____

Grad Year: _____

High School: _____

Club: _____

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 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.

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 Memorial Stadium, the Rike and or the Clements Center (collectively as the "Facilities"), to participate in activities ("Event Activities") on June 25th-August 15th, 2022, organized, supervised and run by Otterbein University and Koons Soccer, 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: _____

Parent / Guardian Signature