



***JULY 11-15, 2011
AT THOMPSON PARK IN
UPPER ARLINGTON***

SIGN UP TODAY!

***VISIT OUR WEBSITE AT
WWW.OPSOCCER.COM
FOR SUMMER SOCCER SCHOOL APPLICATIONS.***

***QUESTIONS?
PLEASE CALL CAMP DIRECTOR
MATT OGDEN @ 614-306-0372
OR EMAIL: matto_eaglessoccer@yahoo.com***

2011 SUMMER SOCCER SCHOOL- Former professional soccer players Matt Ogden and Chris Duff are ready to bring Summer Soccer School back to Upper Arlington for a 24th year. Their proven curriculum has enhanced the careers of many young players, as well as inspired new players to pursue the worlds most popular sport. The camps morning session breaks down the technical skills necessary to “wow” your opponents on the field. Our coaches then show you how to incorporate them into 1v1 situations. We progress the session into a more tactical small sided soccer environment where individuals are pushed to be as creative as possible by our highly qualified and supportive coaching staff. After lunch the fun really kicks in as campers create Summer Soccer Schools own “World Cup” style tournament.

***NEW FOR 2011** we are offering a **JUNIOR CAMP** for players aged 5 and 6. They will enjoy all the quality of the full camp but in a condensed 2 hour day. Junior Camp runs from 9:30-11:30am.

DAILY FORMAT AND SCHEDULE:

8:30-9:00AM	DROP OFF
9:00-9:15AM	GROUP DEMOS
9:15-11:15AM	SKILL/TACTICAL SESSION
11:15-11:45AM	LUNCH
11:45-12:45PM	WORLD CUP TOURNAMENT
12:45-1:00PM	PICK UP

WHAT YOU NEED TO BRING:

SOCCER BALL
SHIN GUARDS
CLEARLY LABELLED SNACK/LUNCH
PLENTY OF WATER!

COST: \$115 FOR THE FULL WEEK (FOR BOYS AND GIRLS 7-14 YEARS OLD)
\$100 FOR EACH SIBLING
\$75 FOR OUR JUNIOR CAMP (FOR BOYS AND GIRLS 5 AND 6 YEARS OLD)

SIGN UP TODAY, SPACE IS LIMITED!

INDIVIDUAL CAMP APPLICATION:

Parent's Name: _____ Child's Name: _____
Age: _____ Sex: M ___ F ___
Address: _____ City/Zip: _____
Home #: _____ Cell #: _____
Emergency Contact (name/number) _____
T-Shirt Size: YS YM YL YXL
AS AM AL AXL

MAIL COMPLETED APPLICATION AND CHECK TO:

SUMMER SOCCER SCHOOL
5349 ADVENTURE DRIVE, DUBLIN, OHIO 43017 (Please make checks payable to Summer Soccer School)

PLEASE READ AND SIGN AND DATE BELOW: The undersigned Parent or Guardian of the participant(s) listed above acknowledges and fully understands that each participant will engage in activities that involve risks including the risk of bodily injury or property damage. The undersigned assumes all risks and hereby releases, discharges, and agrees to hold harmless the Summer Soccer School, its instructors, the City of Upper Arlington, the City of Dublin, and OP Eagles from any and all liability related to injury or damage arising from participation in the Summer Soccer School.

Signature of Parent or Guardian: _____ Date: _____

