

# SUMMER SOCCER SCHOOL TOTS CAMP 2011!

**Monday, July 11th - Friday, July 15th**  
Thompson Park, Upper Arlington

**Don't Miss Out! Sign Up Today!**  
**Space is Limited!**  
Call Nikki @ 614-761-7969 with Questions  
or visit [www.opsoccer.com](http://www.opsoccer.com) for an application.

## **WHAT IS THE SUMMER SOCCER TOTS PROGRAM?**

In conjunction with the Summer Soccer School, our highly qualified staff will again bring a **Summer Soccer Tots** program to the community! This entry level section will be for our youngest of campers, ages 3 and 4 years old. We want to introduce the beautiful game of soccer through fun activities in an enjoyable 50 minute learning environment!

Parents, this is a great opportunity to get your kids involved in a group environment where exercise and interaction with others is one of our main focuses. For 50 minutes per day, for the entire week, we will provide a structured program with fun being the most important element!

Lessons will be geared to introduce the basic foot skills and allow the kids to run around and play organized soccer related activities. Each child is expected to have an adult on the park grounds for each session. This will be extremely important for bathroom breaks!

## **TOTS CAMP DETAILS**

**DATE:** July 11<sup>th</sup> -15<sup>th</sup>

**TIME:** 10:00am -10:50am

**WHO:** Boys and Girls Ages 3 & 4 (Must be 3 by July 31st)

**COST:** \$70 for Full Week

## **WHAT DO I NEED TO BRING?**

Sneakers or Cleats

Shin Guards

Soccer Ball (Size 3 Please)

Lots of Water!!

A big smile and lots of laughter!

# SUMMER SOCCER SCHOOL- TOTS

JULY 11th-15th  
THOMPSON PARK, UPPER ARLINGTON  
10:00-10:50AM

## APPLICATION

PLEASE MAIL COMPLETED APPLICATION AND CHECK TO:

SUMMER SOCCER SCHOOL-TOTS  
5349 ADVENTURE DR  
DUBLIN, OH 43017

PLEASE MAKE CHECKS  
PAYABLE TO:  
SUMMER SOCCER SCHOOL-TOTS

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PARENT'S NAME: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
HOME NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ NUMBER \_\_\_\_\_

**T-Shirt Size:** XXS XS S M

**Size 3 Ball: \$15:** YES NO **\*\*PRE-ORDER ONLY\*\***

(Please make separate check payable to: Chris Duff for ball only.)

Please list one name whom your child would like to be grouped with: \_\_\_\_\_

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