

2011-2012 Ohio Premier Eagles Juniors Winter Session

Ohio Premier Eagles Juniors -- An exceptional **co-ed** soccer program, The goals for the Ohio Premier Juniors program are **FUN**, **TECHNICAL DEVELOPMENT** and **SPORTSMANSHIP**. **FUN** comes first, because when children enjoy soccer, learning takes care of itself – they want to come back for “more.” **TECHNICAL DEVELOPMENT** is vital, for without basic skills, players are limited in their athletic expression and their enjoyment of soccer is reduced. The OP Eagles Juniors aims to instill a solid technical base in each player, so that they are ready for U9 travel soccer. Finally, **SPORTSMANSHIP** is crucial. Soccer is a team sport, so players must absorb the basic elements of **SPORTSMANSHIP**: teamwork, cooperation, listening, basic work ethic, and attention to instruction. Even if a player does not continue with soccer, these elements of **SPORTSMANSHIP** will serve them well in school, work and life

Age Groups:

U5 and U6

U7 and U8

Format: Players meet once per week to work on various individual soccer skills and play small sided games

Where: Ohio Premier Eagles Sports Complex- 7420 State Route 161 Dublin, OH 43016

Cost: \$80

Includes 6 on-field practice/game sessions:

Registration: Download application at www.opsoccer.com/opjuniors (we will limit registrations, so apply early)

Note: Player should bring own water, ball and shinguards to every session

Ohio Premier Eagles Juniors Academy Dates and Times

U5 and U6	U7 and U8
<ul style="list-style-type: none">• Winter sessions on Saturdays• Sessions: 9:00am	<ul style="list-style-type: none">• Winter sessions on Saturdays• Sessions: 10:00am
Winter 2012 January: 14, 21, 28 February: 5, 19, 26	Winter 2012 January: 14, 21, 28 February: 4, 18, 25

DATES: January: 14, 21, 28
February: 4, 18, 25



PLACE: Ohio Premier Sports Complex

COST: \$80

This will be an exciting 6 week program for u5-u8 players. Players interested in sharpening their soccer skills should attend.

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MAKE CHECKS PAYABLE TO: **Ohio Premier Eagles**

Athlete Info:

Name _____ Birthdate _____

Address _____

Session (Check one) u5/6 _____ u7/8 _____

Parent/Guardian Info:

Name _____ Email _____

Phone (h) _____ (w) _____ (c) _____

Email _____

In case of emergency, if I cannot be reached, please contact –

_____ @ _____

Parent/Guardian Signature _____ Date _____

I authorize the staff of Ohio Premier Eagles to act according to their best judgment in any emergency requiring medical attention and waive and release Ohio Premier Eagles from any and all liability for any injury or illness incurred while at the camp. I further consent authorizing emergency medical treatment.