

Daily Schedule of Events

Subject to Change

Campers should arrive 15 minutes before start times.

Monday, August 10

4:30 p.m. – 8:00 p.m.

- **Registration** (at pavilion) •
- Camp Introduction • Technical Work & Team Tactics 5 v 5 thru 8 v 8

Tuesday, August 11

5:00 p.m.- 8:00 p.m.

- Juggling • Technical Work
- Team Tactics

Wednesday, August 12

5:00 p.m.- 8:00 p.m.

- Camp Picture (wear camp t-shirt)
- Juggling Contest
- Technical Work • Team Tactics
- 6 v 6

Thursday, August 13

5:00 p.m.- 8:00 p.m.

- Technical Work • Team Tactics

Friday, August 14

5:00 p.m.- 8:00 p.m.

- Juggling Contest Finals
- Technical Work • Team Work
- Awards & Presentations



Monday through Friday
August 10-14, 2009

Foltz Soccer Complex
5:00 p.m. to 8:00 p.m.

See daily schedule for exact times

Questions - E-mail: tmp1231@hotmail.com

- *Specialized Goalie Training available (check box on registration form)*

Campers will be grouped by age and may be moved to competitive groups based on individual performance.

Camp Fee Information

\$100.00 postmarked by July 12

\$115.00 postmarked after July 12

Make checks payable to: SSO

Mail completed registration form and payment to:
Strongsville Crossroads Soccer Camp
3075 Royalton Road • North Royalton, Ohio 44133

Daily fee available for special circumstances - \$25 per day

All campers will receive

- Camp t-shirt •

REGISTRATION FORM (Must be Complete)

Make checks payable to SSO • 3075 Royalton Road • North Royalton, Ohio 44133

Name (Please print) _____ M F Date of Birth _____ Age (As of Aug. 1) _____

Address _____ 44136 44149 Phone _____ Email address _____

Goalie training Team Name ('08-'09) _____ Coach Name ('08-'09) _____

Emergency Contact Person _____ Emergency Phone _____

Known medical conditions/allergies _____

Medical Waiver and Parental Consent Form (Must be completed and signed prior to camp)

We (or I) hereby request that you accept this application for enrollment of _____ for the Strongsville Crossroads Soccer Camp, hereafter referred to as SCSC, the week of August 10-14, in consideration of SCSC acceptance, we (or I) release and discharge all of its directors and employees, and any person associated with the camp for all claims on account of all injuries which may be sustained by the camper(s) who we (or I) further agree to indemnify and save and hold harmless, the above named for all claims that may hereafter be presented by the camper(s) who are enrolled, as a result of any such injuries. We (or I) authorize the staff of SCSC to act according to their best judgement at all times, in the event of emergency requiring medical attention, I hereby waive and release the camp and any of the above named in paragraph one of any and all liability for injuries and illnesses while at camp.

We (or I) have no knowledge of any physical impairment or disability that would affect the above named camper(s) participation in the SCSC Program. Any such physical impairment or disability has been disclosed in writing to a camp staff member. We (or I) also agree that SCSC retains the right to use for publicity and advertising purposes, all photographs and videotape of campers taken at camp and we (or I) waive any rights we (or I) may have for this publicity or these photographs or videotapes.

We (or I) further understand, and have been duly informed, that SCSC does not carry any medical or accident insurance on behalf of any camper. Each camper, and his/her parents, guardian, or person signing below, shall be liable for the above listed camper's medical and/or accident insurance and rider. SCSC and its directors and employees save harmless from same.

Each camper, his/her parent/guardian, and/or the person signing below, shall be liable for any damage to the camp caused by the camper's negligent, willful or wanton acts.

Policyholder's Name _____

Policy No. _____ Parent/Guardian Signature _____

Insurance Company _____

Date _____