



# 13<sup>th</sup> ANNUAL BOYS & GIRLS YOUTH SOCCER CAMP

**DATES: July 20-21-22**

**3 DAY CAMP WITH THURSDAY [July 23] AS A RAIN OUT DAY IF NEEDED**

**TIME: 6:00pm to 8:00pm**

**PLACE: Gillespie Soccer Park (Delaware Rd. in Batesville)**

**AGES-3 THRU 14**

**TRAINING BY: OA Coaching Staff, Director of Coaching BSC  
Current and Former OA Soccer Players**

**CAMP INCLUDES: Individual Skill Development, Team Concepts,  
3v3 Tournament & most of all **Fun!!****

**COST: Only \$35.00 – Includes Camp T-shirt**

**6 hours of training for \$35 great camp to get ready for your fall season**

**\$30.00 if you are a Sibling of an OA Student**

**Also, Team Training available at a discount**

**Questions - Call OA Boys Coach Kenny Getz at 513-407-2635**

**Or Brian McFee Girls Coach at 513-795-2927**

*Checks should be made payable to Oldenburg Academy Soccer. Please complete the below information, return with payment. MAIL TO: Oldenburg Academy Attn: Athletics, PO Box 200, Oldenburg, IN 47036. We would like to have forms back by July 15. We will not turn anybody away as we will take walk ups.*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in 2020: \_\_\_\_\_ Shirt Size: Y-\_\_\_\_A-\_\_\_\_

Parents Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ School Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Medical Release: I understand the risk involved in my child participating in this camp. Should an injury occur, I understand that if emergency transport to a hospital is necessary, it will be at my expense. If treatment is needed, I give my consent. I agree that I will not hold instructors, Oldenburg Academy and/or its employees for any injuries and/or expenses that may occur during my child's participation in this camp. Permission is given for my child to participate in the OA Youth Soccer Camp.

Parents' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information**

First Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_