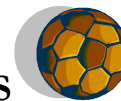


OLHS WOMEN'S SOCCER SUMMER CAMPS



For girls entering 1st-8th grade

KIDS CAMP: JUNE 23-26 5:30-6:30PM

PRE-TEAM CAMP: JUNE 23-26 4:00-5:15PM

LOCATION: SOCCER FIELDS AT LIBERTY HIGH SCHOOL

KIDS CAMP is for girls entering 1st through 5th grade. The camp for kids focuses on fun! The emphasis throughout the week is on the basic skills and technique of soccer. The players focus on a new aspect of the game each night including shooting, passing, defending, and goalkeeping. The campers are divided into small groups by age and skill and led by the coaching staff at OLHS as well as other former college players. The current members of the OLHS women's soccer team serve as camp assistants to give each player the one on one attention they enjoy. Campers should come prepared with shin guards, cleats, and water each night of camp. Each player will receive a ball and camp t-shirt. Camp cost is \$60.

PRE-TEAM CAMP is designed for those entering 6th through 8th grade. The focus is on technique and basic skills with the added element of team play and the tactics of soccer. Camp is designed to give the girls an idea of what soccer is like at the high school level as many activities are similar to those used in a high school training session. Players will focus on passing, defending, shooting, heading, and goalkeeping for those interested. Camp is coached by the coaching staff of OLHS and current members of the OLHS women's soccer team who serve as assistants to provide extra support to the campers. All campers should come prepared with shin guards, cleats, and water each night. Each player will receive a ball and camp t-shirt. The cost for camp is \$70.

Payment and registration is to be received by June 1st!

Mail form and payment to: OLHS Women's Soccer c/o Erin Mullady
4825 Brand Rd. , Dublin, Ohio 43017

Player Name _____ Age _____ Grade _____ Shirt Size(YS-AXL) _____

Camp attending _____

Address _____ Phone _____

E-Mail _____ *please include to receive any important info about camp!

Amount included _____ *Make checks payable to LAB

Please complete a separate form for each camper. 2nd child of same family is \$10 less.

Complete liability waiver on reverse side.

OLHS Women's Soccer Schedule 2008

August

19	Home	Worth. Kilbourne	5:30/7:15
21	Home	New Albany	5:30/7:15
26	Away	Marysville**	5:30/7:15
28	Home	Hilliard Davidson	5:30/7:15

September

2	Home	Dublin Jerome**	5:30/7:15
4	Away	O. Orange	5:30/7:15
6	Away	Perrysburg	time/date tba
9	Away	Olentangy**	5:30/7:15
11	Home	Grove City	5:30/7:15
16	Away	West. North**	5:30/7:15
23	Home	Dublin Scioto**	5:30/7:15
25	Home	Watterson	5:30/7:15
30	Away	West. Central**	5:30/7:15

October

2	Home	Thomas Worth.	5:30/7:15
7	Home	West. South**	5:30/7:15
9	Away	Big Walnut	5:30/7:15

** league games

Liability Waiver

The undersigned, on behalf of himself/herself and on behalf of his/her child("the registrant"), recognizing the possibility of physical injury associated with soccer camp, and for the Liberty Women's Soccer Camp accepting the registrant for participation on said activity, assumes and accepts full responsibility for any and all liability claims arising from this activity, and releases, discharges and/or otherwise indemnifies Liberty Women's Soccer Camp and the Olentangy Local School District and all its employees from liability for any claim by or on behalf of the registrant as a result of the registrant's participation in the activity.

Signature _____ Date _____

Participant Name _____

Emergency Treatment

Consent to Emergency Treatment

In the event reasonable attempts to reach me at _____ or other parent at _____ have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. Facts concerning the child's/children's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted: (list for each child)

Refusal to Consent

I do not give my consent for emergency treatment of my child. In the event of injury or illness requiring emergency treatment, it is my desire that the camp authorities take no action or to: _____

Signature _____ Date _____

