

# WINTER CAMPS 2014 AT NC SOCCER



## WINTER BREAK CAMPS:

**Defensive/Offensive skills clinic**      **Monday, Dec 29<sup>th</sup>**      **9:30am-12:00pm**

Ages 8 – 12      Cost is \$35      or both camps for \$60

The Clinic is for players who want to learn defensive skills and concepts. Some topics include: 1<sup>st</sup> defender closing down, use of feet, preventing turn, delaying, predicting play, 2<sup>nd</sup> defender covering, communication, switching and more. Offensive tactics in game play and finishing tactics will be taught as well.

**Goalkeeping 101**      **Tuesday, Dec 30<sup>th</sup>**      **11:30am-1:30pm**

Ages 8 – 12      Cost is \$30      or both camps for \$60

The Clinic is for players who want to learn basic goalkeeping skills and concepts. Some topics include: ready position, use of feet, body/hand positioning for gathering, collapse dive, angles, basic punch, catching & hand positioning. This would be considered a beginning level to intermediate level course.

## CAMP REGSITRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **CIRCLE YOUR CHOICE(S):**

OFF/DEF SKILLS 12/29 9:30-12pm (\$35)      GK101 12/30 11:30-1:30PM (\$30)      OR BOTH DEC 29<sup>th</sup> and 30<sup>th</sup> CAMPS FOR \$60

**PLEASE MAIL FORMS WITH PAYMENT TO:**

*NC Soccer Club  
P.O.BOX 2168  
Hudson, OH 44236  
330-650-2554  
234-380-5054-fax*

## WAIVER FORM

I verify that my child (or me) is/are covered by medical insurance. He/she has been (I have been) checked by a physician and is/are physically able to participate in soccer/athletic activities. I hereby, for MYSELF and/or for my child/ward, our heirs, executors, administrators and personal representatives, discharge, waive and release N.C. Soccer Club, Inc., NEO United Athletic Club, its partners, agents and employees, and the owners of the facility in which injury or damage to myself or my child/ward may have occurred by virtue of, or arising out of or in connection with any participation and any of the activities of the N.C. Soccer Club. By executing this document, I hereby acknowledge that soccer/athletics is/are a dangerous sport/activity in which serious injury and/or death may be a possible outcome of participation or attendance, and I hereby assume, and/or assume on behalf of my child/ward, all risk of injury or loss to which I and/or my child/ward may be exposed. Permission is granted for my child to receive emergency medical treatment if needed.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY WAIVER FORM AND SIGN IT WILLINGLY.

Signature \_\_\_\_\_ Date: \_\_\_\_\_