



# OMAHA FC

14706 Giles Rd - Omaha, NE 68138

## OFC GOLD SOCCER CAMP

Hosted by the Omaha Football Club Directors, Full-Time Staff, and Guest Coaches

Players will do team/individual technical training along with working on team tactical topics. This is a team camp for all Omaha FC Gold teams. It is important for the entire team to be at the camp. This allows the coaches to paint the proper tactical picture for the players of the team and for them to get the most out of the camp.

Program	Age Group	Date	Time	Location	Cost
Select – Gold	U11-U12	July 26 <sup>th</sup> – 30 <sup>th</sup>	7:00pm – 9:00pm	Discovery (136 <sup>th</sup> and Q St)	\$100
Select – Gold	U13-U18	July 26 <sup>th</sup> – 30 <sup>th</sup>	7:00pm – 9:00pm	TQ North (122 <sup>nd</sup> and Fort St)	\$100

**Registration after July 12<sup>th</sup>, 2010 will not be guaranteed a camp T-shirt**

Players must wear shin-guards & bring a ball and water

Please fill out and mail the bottom portion of the registration form and waiver form to the address below.

**Mail to:** Alex Vazquez  
Omaha FC – Gold Camp  
14706 Giles Rd  
Omaha, NE 68138

**Gold Soccer Camp**

**Player's Name:** \_\_\_\_\_ **Parent or Guardian Name:** \_\_\_\_\_

**Day Phone #:** \_\_\_\_\_ **Evening Phone #:** \_\_\_\_\_ **Player's Age Group for Fall 2010:** U-\_\_\_\_ **Gender:** M or F

**Amount Enclosed:** \_\_\_\_\_ **Check #** \_\_\_\_\_ (Checks Payable to Omaha Football Club)

**T-shirt size:** YM\_\_\_\_YL\_\_\_\_AS\_\_\_\_AM\_\_\_\_AL\_\_\_\_ **Any Health Concerns:** \_\_\_\_\_

### Liability Waiver

I / We the parents and or guardians of the above named camper give permission for the above named camper to take part in all activities during the above camp. We understand that, as with any sport, injuries can occur and that we the parents and or guardian do not hold Millard Star Soccer Association, Omaha Sports Complex, Omaha Football Club, successors, agents, representatives, Volunteers, Xplosive Edge and or any clinicians liable for any accident or injuries occurred during the above said camp. The camp organizer and clinicians will not be held responsible for any loss or damage to any camper's equipment during camp.

### Medical Waiver Form

I / We the Parents or guardians understand that our child, children will be taking part in all physical activity' during the dates and times of the said camp. We the parents and or guardians acknowledge that the registered camper is in good health and is mentally capable of taking part in all activities. We the parents and or guardians are confident that the named camper is able to engage in all activities.

**Signature of Parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact name and Phone #** \_\_\_\_\_

Please call Alex Vazquez 510-1654 or Jason McClanathan 510-9955 for any questions.