



# OMAHA FC

4706 Giles Rd. - Omaha, NE 68138

## YOUTH DEVELOPMENT PROGRAM SOCCER CAMP

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

This camp is designed to promote fun, efficient, and educational training sessions that will motivate and challenge each player, while developing within his or her own ability level. The Omaha Football Club's goals are to develop the basic fundamentals of the game (passing, receiving, 1v1 skills, etc...). Coaches in this camp are instructed to focus and teach the fundamentals of the game. Which include Physical development (Skills), Psychological development (Self worth), and Social development (Playing as a team).

Program	Age Group	Date	Time	Location	Cost
YDP	Fall 2010 U6 - U10	August 2 <sup>nd</sup> - 6 <sup>th</sup>	6:45pm - 8:00pm	Discovery 136 <sup>th</sup> & Q St	\$75

**Registration after July 19<sup>th</sup>, 2010 will not be guaranteed a camp T-shirt**

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

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

**Mail to:** Christina Lewis  
Omaha FC - YDP Camp  
14706 Giles Rd  
Omaha, NE. 68138

**YDP 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)

**Email Address:** \_\_\_\_\_ **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 Christina Lewis for any questions. 402-896-4420

www.OmahaFC.com