

# WASA EAGLES FC



## Growth and Development Academy TEAM CAMP



**August 2 – August 6**

3-5pm – FALL U-8, U-9, and U-10 Teams\*\*\$80

5:30-7:30p – FALL U-11 and Up Teams and Above\*\*80

Northside Fellowship (Freeman Rd and Rt 3)

**\*\*Please ask for multiple child and open goal discounts.\*\***

**Program developed and directed by Rob Smith; Assisted by Duncan Oughton**

(1996 US Olympian, former Crew Player, NSCAA and USYSA certified coach, MA Sport and Exercise Education (OSU), and WASA Eagles FC Director of Player Development)

**Join Eagles FC staff for a fun and challenging week of learning the game of soccer through meaningful individual and team experiences (Fitness, Skill, Tactics, and Character)**

- Nationwide Children's Hospital 'Leaps and Bounds' conditioning and injury prevention program. (parent meeting and player circuit)
- World Cup small-sided tournament during the week!
- The latest Eagles FC t-shirt
- Skill, Trivia, and Character Prizes Daily
- Character Development Discussions Daily along with **Word of the Day**
- **Will be highlighting our new Growth and Development Academy** with numerous opportunities to improve team and individual performances through fun, high repetition engaging sessions!

Please detach the registration form, and send with your payment to the address below.  
T-Shirts guaranteed during camp for those who register before July 24.

WASA Eagles FC Fall Age Group \_\_\_\_\_ Coach \_\_\_\_\_

**For More Information:**

Please contact Rob Smith at 668-1924, or send email to [rob@soccerinthepark.com](mailto:rob@soccerinthepark.com)



Name of Athlete \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Shirt Size (Circle One)      YM    YL    YXL    S    M    L

**Parental Consent**

I, the parent or legal guardian, hereby give permission for my son/daughter to participate in LTSinc camps. I hereby agree to pay and will assume the risk of any service rendered my child in the event of an accident, injury, illness, or other mishap during participation in Learning Through Sports, Inc. sports camps.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Please make checks payable to Learning Through Sports, Inc., 971 Clubview Blvd.S., Columbus, Ohio 43235