



## WINTER CAMPS AT NC SOCCER

Defensive skills clinic      Monday Dec 21<sup>st</sup>      9am-11am

Ages 7 – 12      Cost is \$28      or both Dec 21<sup>st</sup> camps for \$50

Clinic is for young 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. Lots of activity and individual feedback.

Goalkeeping 101      Monday Dec 21<sup>st</sup>      11:30am-1:30pm

Ages 7 – 12      Cost is \$28      or both Dec 21<sup>st</sup> camps for \$50

Clinic is for young players who want to learn defensive skills and concepts. Some topics include: ready position, use of feet, body/hand positioning for gathering, collapse dive, angles, basic punch, catching & hand positioning. Lots of activity and individual feedback.

### WINTER BREAK CAMPS:

Winter Skills Camp      Monday Dec 28<sup>th</sup>      9am-2pm      **OR**

Ages 6 – 13      Cost is \$40 preregistered (\$50 day of camp) **lunch included**

This camp is designed to teach and reinforce proper soccer technique through **fun** games and drills. Each player will be told and shown soccer tricks and moves that can beat defenders and provide players goal scoring chances. Players will be encouraged to practice new moves and ball control in a game like atmosphere. After lunch players will compete in skills competitions and games for prizes. These games will be designed to increase on field creativity and overall soccer ability.

Prizes provided by the NC Soccer Pro Shop.

REGISTRATION FORM ON REVERSE SIDE



## CAMP REGSITRATION FORM

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

ADDRESS: \_\_\_\_\_

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

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

### CIRCLE YOUR CHOICE(S):

DEF SKILLS 2/21 9-11AM (\$28)      GK101 2/21 11:30-1:30PM (\$28)  
or BOTH DEC 21<sup>ST</sup> CAMPS FOR \$50

WINTER BREAK CAMP 3/28 9-2PM \$40 (preregistered \$50 day of)

PLEASE MAIL FORMS WITH PAYMENT TO:    NC Soccer Club  
P.O. BOX 2168  
Hudson OH 44236  
330.650.2554  
330.656.1776 fax  
[camps@neounited.org](mailto:camps@neounited.org)

## 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 \_\_\_\_\_