THOMAS WORTHINGTON YOUTH SOCCER CAMP

July 18 - 21
6 to 8pm

The Thomas Worthington Men's Soccer program will be offering a Summer Soccer Camp for boys and girls in Kindergarten through 8th grade. The camp will be directed by Ben Neer, head Men's Soccer Coach at Thomas Worthington High School, along with several highly respected local club coaches. **Camp is open to all - not just Worthington residents.**

HIGHLIGHTS:

- Boys & Girls, Kindergarten - 8th Grade, 2016-2017 School Year
- Thomas Worthington High School Stadium
- Turf Monday through Thursday. Friday is a rainout day.
- Coached by TWHS coaches and current soccer players
- Special Guest Appearance July 21st
- Soccer Academy for Grades 6, 7, and 8
- Players receive an awesome camp t-shirt. Wear it to the TWHS vs. Dublin Jerome game Sept. 6 for FREE admission!
- Players must wear shin guards.
- Players must bring water and soccer ball.

ONLY $75

Please email Bryan Swift at twhsstrikersclub@gmail.com or call (614) 506-6398 with any questions.

PLEASE SEE REVERSE SIDE FOR REGISTRATION FORM

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Player Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

2016-17 Grade Level: _____

2016-17 School: _____

Current Level(s) of Play (Recreation, OCL, Club, ODP, etc.): _____

Current Club Team (if applicable): _____

Camp T-shirt Size (circle one): YS YM YL YXL AS AM AL AXL

Notes: _____

_____

_____

Please Make Checks Payable to TWHS Strikers Club.

Camp Cost = $75.00

Mail Registration and Payment to:
TWHS Strikers Club
236 Brownsfell Drive
Columbus, Ohio 43235

Registration available online at:
twhsmenssoccer.com

The undersigned, as parent or guardian of the child named herein, desires that my child participate in the soccer camp offered by the Thomas Worthington High School Strikers Club. I do hereby voluntarily assume all risk of accident, injury and loss of personal property, which may result from participation in this camp. I authorize and request the soccer camp personnel to refer my child to any hospital or medical personnel for necessary emergency treatment. I release Worthington Schools, the Strikers Club, the camp director, and all camp personnel from liability associated with participation in this camp.

_____

Signature of Parent or Guardian Date

Please email Bryan Swift at twhsstrikersclub@gmail.com or call (614) 506-6398 with any questions.