

2009 On Goal Advanced Soccer Camp

Experience On Goal in a world-class residential setting



The Experience Includes:

- challenging training
- excellent coaching
- spiritual challenges
- new friendships
- team building
- leadership training
- competition

Become the Total Player™

More information and online registration available at **www.ongoal.org**

On Goal Soccer Camps began in 1985 as a way to help young players develop their skills and challenge them spiritually. On Goal is committed to coaching excellence and encouraging players to reach their potential in a positive atmosphere. The On Goal Advanced Camp maintains On Goal's commitment to soccer excellence in a positive environment.

As part of the On Goal Advanced Camp, players will be challenged physically, mentally, and spiritually. On Goal's outstanding staff will help each camper develop technical skill mastery and a tactical understanding of the game. In addition, each day will include speed and agility training as well as lots of team competition. Throughout the week, campers will have group discussions and challenges that will encourage them in their relationship with God.

The On Goal Advanced Camp will be held at the world-class facilities of the Athletes in Action Sports Complex in Xenia, OH where, in addition to great soccer training, players will enjoy dorm style housing and quality meals. It will be a great experience!

Date: June 29 - July 3 (M-F)

Cost: \$440 per player residential

\$340 per player commute

Discounts: Family, team and early registration discounts

are available

Scholarships: Please contact On Goal for more information.

Included in the camp fee are housing, meals, On Goal backpack, 2 camp shirts, a soccer ball, and high and low ropes course.



2009 Advanced Camp - Registration Form

Online Registration available! Go to www.ongoal.org and select "My On Goal".

Player Information		Date:	/_	/_
Player Name (First, Last)			Gender	M or F
Parent/guardian (First, Last)				
Address				
City				
Home Phone () Ot	ther Contact Phon	e ()		
Birthdate/ Age	Grade	_		
E-mail Address				
High School	City		_State _	
Player Position(s)				
For Attending Teams Only: I am part of the $_$				team.
T-shirt Size: 🛘 Small 🔻 Medium 🗘 Larg	e □ XL			
Housing: (check one) \Box I will stay in th	e residence hall			
☐ I will commute	•			
Preferred Roommate (resident campers only;	total of three peop	le per room):		
First Choice: S	second Choice:			
Payment				
Camp Registration: \$440 per camper	/ 340 per *commut	er		\$
* commuter fee i	ncludes meals (no	housing)		
Discounts: □ Family Discou	nt (2 or more same	family)	\$45	\$
Team Discoun	t (6 or more)		\$45	\$
☐ Early Registrat	tion by May 25		\$15	\$
		Total [Due	\$
		Total F	Paid	(\$
A minimum \$50 non-refundabl	e deposit must ac	company reg	istration	
	Balanc	e Due on Ju	ne 15	\$
Make checks payable to On Goal. Mail form a	and payment to:	On Goal 3914 Miam Suite 106 Cincinnati.		9 7

Medical Release Forms:

Each camper must be covered by a personal insurance policy, submit the On Goal medical release/liability waiver form, and the Athletes in Action medical release/liability waiver form in order to participate.



On Goal Camps Liability Release Agreement

Waiver of Liability, Disclaimer, and Permission:

In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless On Goal Soccer Ministries, its employees, volunteers and other representatives or affiliates (including without limitation the participating churches, organizations participating through such churches, sponsors, game or event workers, officials, facilities and volunteers) from and against any claims arising out of or relating to illness, physical injury, death, or other damages that may result to said individual while participating in an On Goal Soccer Ministries sponsored event, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices or games. I also hereby authorize the staff, volunteers and/or representatives of the On Goal Soccer Camp to act for my child according to their best judgment in any emergency situation requiring medical attention. I also understand and give permission that all photographs and/or video taken of the applicant during this event is the property of On Goal Ltd. and may be used along with my child's name in camp videos, broadcasts, On Goal publications and/or promotional media.

I accept the terms of the Waiver of Liability, Disclaimer	, and Permission Date:
Parent/Guardian Name	_ Signature
Emergency Authorization:	
I, the undersigned, parent or legal guardian of the partior representatives, as my agents, to consent to emerge treatment. In case of emergency, I hereby authorize tra	ency medical, surgical or dental examination and/or
I accept the terms of the Emergency Authorization	Date:
Parent/Guardian Name	_ Signature
Refund Policy:	
If a refund is requested, On Goal will refund your regist your refund request to the program coordinator.	ration tuition less the \$50 deposit. Please email
Mail Form to: On Goal	

Questions? Please call 513.561.4625

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