



# SOCCER CAMP

**soccer in the park** camps and **WASA Eagles Juniors** team up for a camp you will not want to miss!

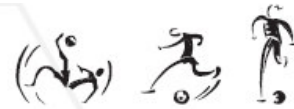
**JUNE 19 – 23 \*\*\* 9-12AM \*\*\* \$85**  
**\*\*\*\* Just \$79 for any WASA Rec/ Select Players\*\*\*\***  
**Northside Fellowship (Freeman Rd and Rt 3)**  
**Ages 5-12 (ALL LEVELS)**

**Program developed and directed by Rob Smith**  
(US Olympian, former Crew Player, NSCAA and USYSA certified coach, State of Ohio Teacher's Certification in Physical Education, and WASA Eagles FC Director of Player Development).  
**Join Rob and other Eagles staff for a fun filled week of learning the game of soccer through small-sided games.**

**All campers receive a cool camp t-shirt, and a chance to win other great soccer prizes.**

For more information about the **new WASA Eagles Juniors Program** and for more summer camps, please visit [www.soccerinthepark.com](http://www.soccerinthepark.com) or [www.wasaeaglesfc.org](http://www.wasaeaglesfc.org)

**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

