



# 2019 SSO Elite Camp

Co Director-Todd Church NSCAA National Diploma, current SHS Head Coach.

Co Director-Jon Felton-USSF B License. 4 time OHSAA D1 State Champ.

JR Muth and Nick Heyniger-SHS Girls soccer staff.

Jeff Klugg HC Milton HS, FLA Nicole Heiser HC Woodland HS GA

**STRONGSVILLE FOLTZ FIELDS**  
**JULY 7-11,**  
**22.5 HOURS OF SOCCER**  
**\$125.00 INCLUDES A CAMP SHIRT**



Featured Clinician  
Xavier HC Nate Lie

### **Sunday July 8**

Technical small group session 9:00-Noon.

Tactical session 5:30-8:30 pm..

### **Monday July 9**

Technical small group session 9:00-Noon.

Tactical session 5:30-8:30 pm..

### **Tuesday July 10**

Technical small group session 7:00-9:30 am.

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### **Wednesday July 11**

Technical small group session 9:00-Noon.

Tactical session 5:30-8:30 pm..

### **Thursday July 12**

Technical small group session 7:00-9:00 am, high school participants only.

Tactical Session 9:30am-11:30 am for grade 8 and below participants .

### **Friday July 20**

Adidas National Showcase.

SHS HS aged participants.

Middle school teams.

3v3 for the younger ages.

### **Saturday July 21**

Adidas National Showcase.

SHS HS aged participants.

Middle school teams.

3v3 for the younger ages.

### **Sunday July 22**

Adidas National Showcase.

SHS HS aged participants.

Middle school teams.

Name: \_\_\_\_\_

Grade Entering This Fall: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Tshirt Size: YM YL AS AM AL

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Camp cost \$125.00. Make check payable to SSO.

Mail to: 20276 White Bark Dr. Strongsville, OH 44149

### Waiver

I grant permission to the director, assistants, or other persons for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical emergencies. I understand that an attempt will be made to reach me by phone. In the event that I cannot be reached, I give permission for such treatment as will be deemed necessary (including surgery, x-ray, examinations, and anesthesia to be rendered to said minor by a licensed physician or nurse). I also understand no representative of the Strongsville Soccer Organization Staff or Strongsville High School is liable for injuries incurred during each session, prior to each session, and after each session. By signing below I declare that I am the father/mother/guardian of the minor listed with my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_