



2008 Camp and Academy Series

# Spring Break Academy

This academy will emphasize creating a positive and fun learning environment. The program will allow young players to experience a higher level of training and player development under the guidance of OCSA's professional staff coaches assisted by current OCSA players. This academy is for those players who want extra training and practice over spring break. The Spring Break Academy will help individuals learn skills and drills to practice at home or with their current teams. Players will become a more confident player on the ball. Players do NOT need to be OCSA players to participate in the Academy. Cost is \$60.00 for four (4) sessions. Make checks payable to OCSA and mail to the address below.

Location: New Bridge Middle School Field and Gymnasium  
Time: 9:00 a.m. – 12:00 noon  
Dates: Monday – Thursday, April 14 - 17  
Bring: Soccer shoes and tennis shoes, water, a soccer ball and shin guards.  
Some sessions will be indoors. Be sure to bring tennis shoes.

For more information contact Lisa Talbot @ [lisat@ocsa-nc.com](mailto:lisat@ocsa-nc.com) or call 910-346-4448.  
Number of participants will be limited registration will be taken as received until session is full.

-----  
**Academy Registration**

Participant's/Team Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Soccer Level: (Circle)      Recreation      Challenge      Classic

**Parent/Guardian/Team Manager Authorization**

I, as parent/guardian, hereby give my permission for \_\_\_\_\_ to participate in the OCSA Soccer Academy. I hereby release and forever discharge OCSA, its coaches, agents and the owners of any fields used from liability for any personal injury or illness, damage, or loss incurred while participating in this academy. In the event I can not be reached in an emergency, I hereby grant permission to the physician selected by the academy director to secure treatment for the above named person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date