



20TH ANNUAL BRUIN SOCCER CAMP

MAY 31ST THROUGH JUNE 3RD, 2011

The Bruin Soccer Players and Coaches would like to extend an invitation to area girls and boys to attend our 21st Annual Bruin Soccer Camp. There will be a \$45 fee for this year's camp. Each camper will receive a camp T-shirt and 4 days of soccer instruction. All proceeds benefit the high school soccer program.

(Financial Aid is available by contacting Coach Kuntz or Coach Lipscomb.)

INSTRUCTORS:

Aaron Kuntz

USSF 'C' Coaching License
State Goal Keeping Diploma

Maria Palmer

USSF 'E' Coaching License

Micah Lipscomb

USSF 'C' Coaching License
State/Regional Goal Keeping Diploma

Justin Copeland

USSF 'C' Coaching License

John Whitworth

USSF 'E' Coaching License
Former Bruin/Current OWU Player

Hector Herrera

USSF 'E' Coaching License
Former Bruin/Current OWU Player

CAMP CURRICULUM:

Technique Training
Basic Goalkeeping

Tactical Training (U10 and Up)
Games

5 AGE GROUPS (Boys & Girls) U-6 U-8 U-10 U-12 U-14

***EMPHASIS OF THE CAMP WILL BE ON LEARNING AND HAVING FUN!!**

CAMP INFORMATION: **WHEN:** May 31st through June 3rd (Tuesday through Friday)
WHERE: Custer Stadium
TIME: 8:30-11:00 (Coaches will be on site by 8 each day)

- ⊛ **BRING BALL AND WATER!!!!!!**
- ⊛ There will be no refunds due to inclement weather.
- ⊛ Forms will be available on the first day of camp for any late registrations.
- ⊛ *T-shirts are only guaranteed before May 20th; however, please contact us if you sign up late.*

Please fill out the information below and mail to **Micah Lipscomb, 1536 S Johnstone Ave, 74003**. If you have any questions, please contact **Aaron Kuntz (405) 269-4315** or **Micah Lipscomb at (918) 504-7024**.

****Make all checks payable to Bruin SOCCER CAMP****

***** Please mail registration forms before May 12th*****

Camper Name: _____ **Club soccer age group U-**_____ **DOB** ___/___/___

Parent/Guardian: _____ **Home #:** _____ **Work #:** _____

Emergency Contact: _____ **Phone:** _____ **Male** **Female**

Parent/Guardian E-mail: _____@_____, _____@_____

Shirt Size (check one): YS YM YL AS AM AL AXL

I/we authorize, when necessary for protecting the health and well being of the above-named individual, permission for treatment at a competent and/or accredited facility. I/we further release The Bruin Coaches, The Bruin Camp Counselors, the Bartlesville School System, or the Washington County Soccer Club from any liability for damage and injury to the above-named individual and hereby accept full responsibility for all damages or injuries sustained as a result of participation in the Annual Bruin Soccer Camp.

PARENT OR GUARDIAN (S) SIGNATURE

DATE