



# ELKHORN SOCCER CLUB

DEVELOPING A CULTURE OF EXCELLENCE

## U7 & U8 YOUTH ACADEMY

STAFF INCLUDES: ACADEMY DIRECTOR ADAM HOOI &

ELKHORN UNITED PRO TRAINERS MIRZA HASANBEGOVIC & MATT WIELAND

### GOALS OF THE YOUTH ACADEMY:

- *IMPROVE 3 ESSENTIAL SKILLS: DRIBBLING, PASSING, BALL STRIKING*
  - *MAKE THE GAME OF SOCCER FUN*
- *PROVIDE THE BEST POSSIBLE TRAINING ENVIRONMENT FOR EACH PLAYER*
- *GET THE OPPORTUNITY TO MEET AND PLAY UNDER THE DIRECTION OF FORMER COLLEGE/PROFESSIONAL PLAYERS*

THE YOUTH ACADEMY WILL TRAIN EVERY SUNDAY AFTERNOON. THE COST FOR EACH ACADEMY PRACTICE/TRAINING SESSION WILL BE \$6.00. PLEASE SEND REGISTRATION FORM AND PAYMENT FOR EACH TRAINING SESSION YOUR CHILD WILL ATTEND.

### RETURN REGISTRATION/PAYMENT TO ADAM HOOI BEFORE YOUR CHILD'S FIRST SESSION

WHAT TO BRING... SIZE 3 SOCCER BALL, SHINGUARDS, WATER \*WEAR SOCCER ATTIRE\*

**U7 SUNDAYS 4:00PM-5:00PM**

**U8 SUNDAYS 5:00PM-6:00PM**

Please place an "X" by each of the Academy sessions your child WILL attend:

All 6 (\$36)   
  September 12   
  September 19   
 (No session Sept 26 due to Pumpkin Patch Event)   
  October 3  
 October 10   
  October 17   
  October 24   
 All sessions will be held at [Ta-Ha-Zouka Field 2](#).

PLAYER'S NAME: \_\_\_\_\_ PARENT/GUARDIAN NAME: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGE GROUP (U7 OR U8): \_\_\_\_\_ GIRLS/ BOYS (CIRCLE ONE)

AMOUNT ENCLOSED: \_\_\_\_\_ (CHECKS PAYABLE TO ADAM HOOI)

#### Liability Waiver

I / We the parents and or guardians of the above named camper, give permission for the above named camper to take part in all activities during the above camp. We understand that, as with any sport, injuries can occur and that we the parents and or guardian, do not hold Adam Hooi, Elkhorn Soccer Club, successors, agents, representatives, volunteers, and or any clinicians liable for any accident or injuries sustained during the camp. The camp organizer and clinicians will not be held responsible for any loss or damage to any camper's equipment during camp.

#### Medical Waiver Form

I / We the Parents or guardians understand that our child, children will be taking part in all physical activity' during the dates and times of the said camp. We the parents and or guardians acknowledge that the registered camper is in good health and is mentally capable of taking part in all activities. We the parents and or guardians are confident that the named camper is able to engage in all activities.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

### SEND FORMS/PAYMENT TO:

**ADAM HOOI  
13522 TAYLOR ST.  
OMAHA, NE 68164**

\* For further questions/concerns: AdamHooi@yahoo.com