

2025

# OCUSC

## OHIO CHRISTIAN UNIVERSITY MIDDLE SCHOOL SOCCER CAMP REGISTRATION FORM

**Saturday, March 22, 2025 at Marion Christian Center Gym, 1550 Richland Road, Marion**  
**Players in grades 6 th – 8 th / Sessions – Girls 9am – 12pm; Boys 1pm – 4pm**

**Instruction by  
OCU Varsity  
Soccer Players**



**Sponsored by  
Kingdom Alive  
Soccer Association**

Want to take your game to the next level? Come learn from college varsity players: sharpen your skills; improve your touch; increase your ability to read the game and play at game speed. Each session includes time for small-sided play – to put into action what was just learned.

**Registration is limited. KASA reserves the right to accept/reject any application. Please indicate for which session you are registering your player:**  Girls, 9am – 12pm ;  Boys, 1pm – 4pm. **Fee \$40.00 per player (includes a camp t-shirt).**

Payment can be by check made out to KASA and mailed to

Jeff McGuire, 1988 Whetstone River Road So., Marion 43302; or Venmo @Karen-McGuire-54 (740-244-5848).

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Shirt Size** (√one, to the right) **YM: \_\_; YL: \_\_; YXL: \_\_; AS: \_\_; AM: \_\_; AL: \_\_; AXL: \_\_; AXXL: \_\_** (all Adult are unisex sizes)

### Waiver of Liability and Medical Release

I, the undersigned, hereby hold harmless Ohio Christian University Soccer (OCU) and Kingdom Alive Soccer Association (KASA), and waive any and all claims that I, my heirs, and/or assignees may have against OCU, KASA, Marion Christian Center, for any personal injuries or property damage that the below named soccer player may sustain or which may arise out of her/his participation in this camp. I also assume full responsibility for any damage (personal or property) that she/he may do or cause while participating.

I also warrant and represent that she/he does not have any physical disability, condition, or other problem/situation, which in any way prevents her/him from participating in this camp. I am a legal parent/guardian of the below named player, and as such I do hereby give my permission to have the named player given emergency medical or dental treatment necessitated by injury or illness while participating in this camp.

As evidenced by my signature below I hereby release OCU and KASA (et al) from any and all liability associated with the named player's participation in this camp and do grant permission for the named player to participate.

I further stipulate to agree with any and all rules, guidelines, codes, written and oral.

Player Name – spelled/typed: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent Name – spelled/typed: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent Name – spelled/typed: \_\_\_\_\_ Signature: \_\_\_\_\_

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