



The Winter, Ohio Players Academy (**OPA**) is for high level players for High School Boys who are looking to gain a competitive edge with like minded talent.

Field players only. No GK training this winter.

Benefits of OPA

- Play/train with like minded players in a fast paced, competitive environment
- Receive professional coaching from college coaches
- Learn to play at a high tempo/speed of play
- Learn how to improve as an individual within a team environment
- Improve tactically, decision making and spatial awareness

Staff

Director: Jason Griffiths (Otterbein University Men's Head Coach)

Staff Coach: Will Isaac (Otterbein University Men's Assistant Coach)

Dates

All sessions will be at TOCA Soccer Center (Formerly called Superkick). 409 Orangepoint Drive, Lewis Center, OH 43035. All session will be on FIELD SK.

2024/2025 Dates: 10 Sessions over 10 weeks (1x/week).

Dates:

December: 8, 15, 22, 29

January: 5, 12, 19, 26

February: 2, 9

Cost

\$400 per player (Price includes training shirt to be worn at all sessions)

There are only 16 spots available. Please mail a check and completed portion of this registration form to guarantee a spot. See more info on page 2.

CLINIC REGISTRATION

To register for OPA, please send this page (completed) and a check addressed to "Griffiths Soccer Camps LLC" to the following address:

Otterbein University
Men's Soccer
180 North Center Street Westerville,
Ohio 43081

Application

Player Name: _____

Session Registering for: _____

Address: _____

E-Mail: _____

Cell Phone: _____

Age: _____

Grad Year: _____

High School: _____

Club: _____

Shirt Size: _____

Position: _____

Emergency Contact: _____

Emergency Number: _____

I understand by signing this I recognize the potential for injury and give permission for any staff members to seek medical attention for my child in an emergency situation. I hold neither the camp nor it's staff liable for any injuries received during camp. I have informed the staff (in writing) of any medical conditions my child has in case of emergency, and provided any medications (if necessary) needed to treat my child. By signing below I give permission to use photographs of my child in promotional materials for future clinics.

Parent / Guardian Signature

Release and Waiver of Liability,
Assumption of Risk And Indemnification
Agreement as to Participant

Name of Participant: _____

This Release and Waiver of Liability, Assumption of Risk and Indemnification Agreement ("Agreement") is signed by or on behalf of the above-named person (the "Participant"). I request that TOCA Soccer Center give permission to Participant to come into the facility, to participate in activities ("Event Activities"), organized, supervised and run by Griffiths Soccer Camps LLC. I agree that I am solely responsible for arranging appropriate supervision of the Participant by individuals that are not part of Griffiths Soccer Camps LLC, which includes any supervisors supplied by the Event Organizer and any other persons. I agree that Griffiths Soccer Camps LLC shall not be responsible for supervising the Participant. I agree that such supervisor(s) and Participant are responsible for following any policies and rules that TOCA Soccer Center may have, and that the Releasees assume no responsibility for ensuring that such supervisor(s), Participant and other persons follow said policies and rules.

I understand that the Facilities contain heavy equipment, exercise equipment, athletic equipment and gear, moving vehicles and equipment on or about the Facilities, stationary and moving persons participating in various athletic and other activities on or about the Facilities, and other potential hazards on or about the Facilities. I acknowledge that the Participant's being around or near such hazards may result in injury, death or loss to persons, including the Participant.

As a result of all such risks, I understand that the Participant and his or her family members may incur damages, including severe and permanent injuries, death, pain, suffering, emotional distress, loss of consortium as to family members and legal guardians, medical expenses, loss of income, loss of earning capacity, property damage and other damages (collectively as "Damages").

I understand that neither the actions of the Participant nor the actions of any other person can necessarily be controlled, and that the safety of Participant and his or her property cannot be guaranteed while on or at the Facilities. I have discussed these risks with the Participant who understands them to the extent possible given his or her age and abilities, and who wishes to participate in Event Activities despite the risks.

On behalf of the Participant, myself, and all other legal guardians of the Participant, and in consideration for Participant's being allowed to come into the facility to participate in Event Activities, I agree to the following: I, THE PARTICIPANT AND THE PARTICIPANT'S LEGAL GUARDIANS ASSUME ALL RISKS DESCRIBED HEREIN. I, THE PARTICIPANT AND THE PARTICIPANT'S LEGAL GUARDIANS agree to RELEASE, WAIVE, INDEMNIFY, HOLD HARMLESS AND COVENANT NOT TO SUE, THE RELEASEES FROM ANY AND ALL CLAIMS FOR DAMAGES, INCLUDING but not limited to ANY DAMAGES ARISING FROM ANY RELEASEE'S NEGLIGENCE, THAT THE PARTICIPANT AND/OR ANY OF HIS OR HER LEGAL GUARDIANS MAY HAVE, except that an individual Releasee shall not be released from his or her willful or wanton misconduct. The provisions in this agreement are contractual, and shall be in addition to, and not limited by, any immunity, limitation of liability, waiver or assumption of risk conferred by statute or common law.

I certify that the Participant has no physical limitation, conditions or disabilities that would unreasonably increase the Participant's personal risk or inhibit the Participant's ability to participate in the Event Activities.

I acknowledge that this Agreement is intended to be as broad and inclusive as permitted by laws of the State of Ohio, and that if any portion thereof is held invalid, it is my intention that the balance shall, notwithstanding, continue in full legal force and effect, that the terms of the Agreement are contractual and not a mere recital.

Signed by Visitor (if he or she is age 18 or older and legally competent to enter agreements), or a legal guardian of Visitor authorized to sign on behalf of Visitor and all of Visitor's legal guardians (if Visitor is under age 18 or not legally competent to enter agreements):

Signature: _____

Date: _____

Printed Name: _____

Relationship to Participant: _____