



# Oakland City University

## Women's Soccer

### Spring Elite ID Camp

**Date:** Sunday, February 22, 2015

**Location:** Oakland City University

**Applicants:** Open to all High School Freshmen, Sophomores, Juniors, and Seniors who have ambitions to play college soccer or seek high quality soccer training.

**Coaches:** **Emmanuel Awotula** – Head Coach  
**Katie Harrison** – Assistant Coach

**Contact Information:** [kharrison@ocu.edu](mailto:kharrison@ocu.edu) or (502) 333-5233

**Camp Cost:** \$75- Check payable to Oakland City University Women's Soccer.  
*\*Cost include a t-shirt and food for the campers*

**Camp Schedule:**  
**12pm – 12:30pm** – Registration  
**12:30 – 2:30pm** – Session  
**2:30 – 4pm** – Meet the Team/Q&A/Food

**SEND APPLICATION TO:** Oakland City Women's Soccer Office **Attn:** Coach Awotula  
 \*Application Deadline – 138 N. Lucretia Street.  
 Wednesday, February 19, 2015 Oakland City, Indiana 47660

**Name:** \_\_\_\_\_ **Age ( )** \_\_\_\_\_ **Grad Yr.** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Team:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**INSURANCE PROVIDER:** \_\_\_\_\_ **POLICY#:** \_\_\_\_\_

My daughter is medically cleared to attend the Oakland City Spring ID camp. Furthermore, I give permission for my child to be medically treated for injuries or illness that may occur during camp and understand that my child attends camp at her own risk. The University, its Athletic Department, and its staff shall not be liable for any damages arising from injuries sustained by the camper during camp or at the facilities.

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**PARENT/GUARDIAN SIGNATURE**