



# 2019 BEES YOUTH SOCCER CAMP



**When:** June 3<sup>rd</sup>-7<sup>th</sup>

**Time:** 9:00 am-11:00 am

**Location:** Blossom Hill Turf  
4400 Oakes Rd.  
Brecksville, OH 44141

Players will work side by side with Varsity Players from the Men's and Women's High School Teams  
Players will be introduced and instructed on a variety of techniques that will accelerate individual development.  
Tactical Applications of skills will be focused on to give real game relevance

**Bring:**

- Water
- Shin guards
- Ball
- A Smile
- **COST: \$75**

**Camp Directors:**

Joshua Thacker (Men's Asst. Coach)  
Justin Thacker (Women's Coach)  
Over 25 years of Varsity Coaching Experience.

**AGE: Players should be entering 1<sup>st</sup> grade to 8<sup>th</sup> grade.**

*Registration deadline May 20<sup>th</sup> for Free T-Shirt*

Information Contact:

**Justin Thacker**  
(440) 364-9832  
[jthacker00@gmail.com](mailto:jthacker00@gmail.com)

## Registration Form-(Please detach and Mail in with Pay)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone (if emergency): \_\_\_\_\_

**Please circle shirt size:** YS    YM    YL    AS    AM    AL

**METHOD OF PAYMENT:** CASH \_\_\_\_\_  
CHECK \_\_\_\_\_  
Check No. \_\_\_\_\_

*\*Please make checks payable to **BEES Soccer Academy***

*c/o Justin Thacker 1467 Sunny acres Rd  
Copley Oh 44321*

In consideration of your acceptance of my entry, I, intending to be legally bound here by, for myself, my heirs, executors, and administrators, waive and release BEES Soccer Camp officials, coaches, and workers from all claims of rights to damages for injuries or losses suffered by me and the above camper, directly or indirectly, in traveling to or from, or competing in or attending the said Bees Soccer Camp.

I give my consent and approval for the directors to act for me according to their best judgment in an emergency requiring medical attention. I also understand that I am responsible for any and all medical expenses for injuries incurred during the camp.

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