



# **JUNE 26,27,28,29**

# **GOAL TO GOAL**

# **SOCCER**

# **STRIKER CAMP**

**How to score goals with power and accuracy**



## **What is the curriculum of the Striker School?**

The curriculum, while based on attacking methods, teaches every player to solve problems in all areas of the field through developing technical mastery as well as creativity. The Striker School staff has experience at all levels of soccer as college and Club players as well as national and state level coaching course instructors.

## **Why should I sign my child up for the Striker School?**

Learn Proper Striking Techniques. Psychomotor Development using plyometric movement. Professional and Friendly Staff.

**Camp Director:** John Vallandingham. John is the Director of Training for Girls Southeast Soccer and a former Ohio and Kentucky U.S. Olympic Development Coach. John spent fifteen years working with US YOUTH National Staff Coach Roby Stahl and Three years working for The co-founder of the National Soccer Coaches Association of America Dr. Ron Quinn.

The course will run for (4) four days. Each session will be 90 minutes long. Players will be assigned per their age and skill. They must be at least 6 years old.  
Camp Times: 6:00 p.m. – 7:30 p.m. each day  
Cost: \$65.00 per player  
Location: Ockerman Middle School

## **UNDER OUR WINGS SPORTS & WELLNESS YOUTH ASSOCIATION**

93 N. Main Street  
Walton, KY 41094

859-760-7466

Register in Person at the Sports of all Sorts Facility located off Mt. Zion Road or  
by mail to the address above.  
Check or Cash Only!



## REGISTRATION FORM

\*MUST SUBMIT REGISTRATION FOR EACH CAMPER along with payment

\$65.00 per camper  
check or cash only

NO REFUNDS

To register for  
Under Our Wings Sports & Wellness  
Youth Association  
Leagues and Activities  
Registrations Accepted in person at:  
10094 Investment Way, Florence, KY 41042  
OR  
By Mail to: UOWYA, 93. N Main Street, Walton, KY  
41094  
Phone: (859) 760-7466  
Email: [director.underourwings@gmail.com](mailto:director.underourwings@gmail.com)

Camper Name: \_\_\_\_\_

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

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

T-Shirt Size (Circle One)

Youth      YS    YM    YL    Adult    S    M    L    XL

Phone \_\_\_\_\_ Emerg. Ph: \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Email \_\_\_\_\_

I hereby authorize the directors of Under Our Wings Sports & Wellness Youth Association to use their best judgement in any situation requiring medical attention. I also certify that my son/daughter is physically fit.

Parent/Guardian Signature \_\_\_\_\_