

# JUNE 25,26,27,28 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 ATHLETICS & 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 listed on the registration form or from our web site at www.uowya.com



### **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

REGISTER Online from our web site at <a href="www.uowya.com">www.uowya.com</a>

Phone: (859) 760-7466

Email: director.underourwings@gmail.com

Address:  City:  State:  Zip:  T-Shirt Size (Circle One)  Youth YS YM YL Adult S M L XL  Phone  Emerg. Ph:  Grade  DOB  Age  Tether  Thereby 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.	Camper Name:			
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Phone Emerg. Ph:  Grade DOB Age  Father  Mother  Thereby 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.	Dity:		State:	Zip:
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