



F.C. BARTLESVILLE

COMPETITIVE ACADEMY

JUNE 8TH - 11TH



The Washington County Soccer Club will be hosting a competitive camp this summer to assist players preparing for competitive team tryouts. Our highly trained staff will help develop the necessary technical and tactical skills for players to be successful at the competitive level. F.C. Bartlesville Competitive Coaches will have the opportunity to be on hand to observe players in the various drills, games and training sessions conducted during the camp. This will allow players to be seen in an environment absent the stresses of tryouts and to help expedite the formation of the clubs competitive teams during the 2009/2010 tryout period.

Instructors:



Micah Lipscomb
USSF C License

Phillip Gravely
USSF D License

Chuck Linn
USSF C License

Mike Friend
USSF D License

Allen Godwin
USSF C License

Collegiate / High School
Current Players

The coaching staff for the F.C. B. Competitive Academy boasts several Nationally Licensed coaches with many years of experience at the Collegiate, High School and Club Levels. They are a highly trained group which is committed to the development of players.

Age Groups: U16, U15, U14, U13, U12, U11 *(Based on the age groups as determined by OSA for 2009/2010)*
Birthdates 8/1/1993 through 7/31/99

Camp Information: **Cost:** \$80 *(full or partial scholarship available on request)*
When: June 8th through the 11th
Where: Bartlesville High School Custer Stadium
Time: 6:00 pm to 8:30 pm

Required Equipment: Ball, Cleats (Turf shoes not necessary) Shinguards, Running Shoes
For questions contact Kyle Reeder 914-2868 or Micah Lipscomb 918-504-7024

Please fill out the information below and mail to:

F.C.B. Competitive Academy c/o Kyle Reeder
6541 Autumn Circle
Bartlesville, OK 74006

*****Make Checks payable to F.C. B. Competitive Academy / Micah Lipscomb*****

Camper Name: _____ **DOB:** ____/____/____ Male Female
Parent/Guardian: _____ **Cell #:** _____ **Work #:** _____
Emergency Contact: _____ **Phone #:** _____ **E-mail:** _____@_____
Shirt Size (circle one): YS YM YL AS AM AL AXL

I/we authorize, when necessary for protecting the health and well being of the above-named individual, permission for treatment at a competent and/or accredited facility. I/we further release The F.C.B. Competitive Academy Coaches, or the Washington County Soccer Club from any liability for damage and injury to the above-named individual and hereby accept full responsibility for all damages or injuries sustained as a result of participation in the F.C.B. Competitive Academy.

PARENT OR GUARDIAN (S) SIGNATURE

DATE