

2011 Urbana Elite Spring Soccer Program

FOR YOUTH 10 - 18 YEARS OF AGE

Sponsored by Urbana Youth Sports and the
Urbana University Men's Soccer Team

College Level Instruction
Improve Your Skills, Stay Active in the Game

*6 Week Clinic Style Program. Mid-April thru May
Twice a Week - All Sessions Held at Urbana University*

Players: \$75 (includes shirt and soccer ball)

Coaches: Learn Coaching Techniques and Drills - \$40 (includes shirt)

Program Director: Nick Roberts

Nick Roberts, a native of Manchester, England, and a 1994 graduate of Mercyhurst College in Erie, Pa., was named Urbana University 's head men's soccer coach on April 24, 2008. Roberts has experience playing and coaching soccer at a multitude of levels.

Roberts' has coached in NCAA Division II Soccer since 2006, and is the current head coach of the Urbana Blue Knights.

From 2002-2006, Roberts was the director of coaching and player development for Santa Rosa United, a 40-team youth soccer club in Santa Rosa, Calif. SRU won two national titles under the direction of Roberts. He also served a four-year appointment as an assistant coach and head scout for The Columbus Crew of Major League Soccer (MLS).

Assistant Director: Kyle Bertz

Kyle Bertz joined the Blue Knight coaching staff as a graduate assistant in 2009, just one season after finishing his 4-year playing career at Urbana University. Bertz was a 4-year letterman and 2-year captain at Urbana, earning Honorable Mention All-AMC honors twice. He was named Team MVP in 2008, while also making the Athletic Director's Honor Roll. Bertz played club soccer for Ohio Elite F.C. in Cincinnati, Ohio, and he played at Lakota West High School. Bertz is originally from West Chester, Ohio. Kyle also is an Olympic development coach for the Ohio South Youth Soccer Association.

Mail Completed Form to:
Urbana Youth Sports, PO Box 5
Urbana, OH 43078 or
Sign up at UYS Building at Park
on Sat. Feb 26 or Sat. Mar 5, 10-2



Urbana Youth Sports/Urbana University
2011 Spring Soccer Program
 Registration Agreement



Participant's Name _____ Date of Birth _____

Primary Telephone _____ MALE FEMALE Age as of **April 1, 2011** _____

Address _____ City/Zip _____

Parent / Guardian _____ E-mail/Text (optional) _____

Alternate Phone: # _____ Alternate Work Relative: who _____

Phone # to use for automated parent/coach call system _____

Shirt Size: __YS __YM __YL __AS __AM __AL __AXL __AXXL

2011 Spring Soccer Program Fees - No Refunds

Fees include 12 coaching clinics with collegiate players and licensed coaches.
 Includes a clinic T-Shirt and soccer ball for players, shirt for coaches.

- Player Sign-up at the UYS Building on Feb 26th or March 5th from 10-2 - \$75
- Coach Sign-Up at the UYS Building on Feb 26th or March 5th from 10-2 - \$40
- Mail-In received by March 5th – Same as above

Registrations may be mailed with check or money order to: Urbana Youth Sports, PO Box 5, Urbana, OH 43078

(PLEASE PRINT)

Waiver

I, _____, wish to have my child participate in the Urbana Youth Baseball program. I have been informed about the program's requirements and I certify that my child suffers from no physical or mental conditions that would affect his/her participation in this program. I further agree that the Urbana Youth Baseball program, Urbana Youth Sports, the City of Urbana and/or Urbana University will not be held responsible for any accident or injury occurring to my child while participating in this program, regardless of the game location. I understand that volunteers organize and operate this program, I understand that traveling to ball fields other than those at our own park are at my own risk and I agree that I will not make any claim or suit against the volunteers associated with Urbana Youth Sports, the Urbana Youth Baseball program, the City of Urbana or Urbana University, whether for injury or any other reason.

Permission to Treat in the Event of an Emergency

I hereby grant permission to the City of Urbana, and the representatives of the Urbana Youth Baseball program, to submit the above named participant to the proper medical treatment facility for treatment in the event of an emergency or life-threatening situation, only in the absence of a parent or guardian.

Parent/Guardian Signature _____ Date _____

Please make checks payable to: Urbana Youth Sports

METHOD OF PAYMENT: Cash Amount _____ Check # _____ Check Amount _____

Received Date: _____ Received by: _____ Database Entry: _____