



**MISSOURI YOUTH SOCCER ASSOCIATION  
OLYMPIC DEVELOPMENT PROGRAM (ODP) ACADEMY  
BOYS & GIRLS**

**Missouri ODP Academy at William Jewell College August 3-August 6, 2009**

**Date:** August 3-August 6  
**Time:** 3pm-8pm (boys & girls)  
**Cost:** \$295 (includes four meals and t-shirt)  
**Location:** William Jewell College (Liberty, MO)

The Missouri Youth Soccer Association ODP Soccer Academy-Western District will be available for players ages 10-16. The focus of training will be to expose players to techniques, tactics, and physical qualities necessary for players to advance to higher levels of competition.

**\*\*\* THIS ODP ACADEMY IS PART OF THE MYSA ODP SELECTION PROCESS.  
\*\*\* PLAYERS ATTENDING 2009 ACADEMY WILL NOT PAY FUTURE MYSA ODP  
TRAINING FEES AT THE STATE LEVEL DURING THE 2009/2010 ODP SEASON.**

This Academy will help introduce younger players to the Olympic Development Program; help discover players without a history in ODP as well as reinforce quality training to the player with ODP experience. The Missouri ODP Academy will simulate a regional ODP camp

Campers receive:

- 4 days of instruction from ODP state team coaches and college coaches
- camp t-shirt
- Individual evaluation and ODP recommendation
- Meal provided all 4 days of camp

**Camp Directors:**

**Lincoln Roblee:**

Women's Head Coach, Benedictine College  
Assistant Coach, KC Brass (PDL)  
Head Coach, KC Pace, 2005 & 2006 Missouri boys state champions  
2005 Missouri Youth Soccer Boys Coach of the Year

**Jefferson Roblee:**

Men's and Women's Associate Head Coach, William Jewell College  
Head Coach, KC Brass (PDL); 2007 Lamar Hunt U.S. Open Cup qualifiers  
Head Coach, Missouri 87 ODP boys state team

**Camp Staff:**

**Brian Budzinski:** Head Coach, Missouri '96 ODP boys  
**Chris Cissell:** Head Coach, Missouri '97 ODP boys,  
Head Coach, William Jewell College (Men & Women)  
**Burke Slusher:** Goalkeeper Coach, KC Brass (PDL) and KC Pace

\*Guests will include former ODP and current college players

To register for the MYSA/ODP Soccer Academy at William Jewell College please fill out the forms below and mail to:

**William Jewell College**  
**Attn: Jefferson Roblee/Soccer**  
**500 College Hill**  
**Liberty, MO 64068**

**Please make check payable to: MYSA**

**PLAYER REGISTRATION (Registration deadline: July 16, 2009)**

Player Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Position: GK \_\_\_\_\_ Field \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Player's Parents Names: \_\_\_\_\_  
Player's Parents Cell Phone Numbers: \_\_\_\_\_  
EMail Address: \_\_\_\_\_  
Club Team: \_\_\_\_\_ Club Team Coach: \_\_\_\_\_  
Club Team Coach Phone Number: \_\_\_\_\_  
ODP Experience (Years): State Pool: \_\_\_\_\_ State Team: \_\_\_\_\_  
Regional Pool: \_\_\_\_\_ Regional Team: \_\_\_\_\_ National Pool: \_\_\_\_\_ National Team: \_\_\_\_\_

**MEDICAL RELEASE**

I do hereby grant permission to the MYSA/ODP Soccer Academy and their respective agents to secure such medical aid and hospital services as they deem necessary for the child noted on this form in the event he/she should sustain an injury or illness while attending the MYSA/ODP Soccer Academy. I agree to assume the cost of transportation and medical treatment in such an emergency situation. I have also indicated below any medical information of which the camp should be aware in consideration of the child's physical and mental well being.

Player Name: \_\_\_\_\_  
Parents Names: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Cell Phone Numbers: Father: \_\_\_\_\_ Mother \_\_\_\_\_  
Family Doctor: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Special notes: (allergies etc.) \_\_\_\_\_  
Family Health Care Information Carrier: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

I agree that the local organizing soccer group and the MYSA ODP Soccer Academy/William Jewell College shall not be liable for any injury or loss which my children may sustain while participating in this soccer camp, and I agree to indemnify and to hold harmless the organizing soccer group and/or the MYSA, ODP Soccer Academy/William Jewell College from any claim whatsoever. The above applicant is in good health and has my permission to participate in this program. In case of emergency, I grant permission for my son/daughter to be given emergency treatment at a local hospital.

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

For more info contact Jefferson Roblee: (816) 213-1876 or RobleeJ@william.jewell.edu