



IOWA SOCCER

2009 SPRING BREAK CAMP

Name _____

DOB _____

Address _____

City _____ ST _____

Zip _____

Parent/Guardian _____

Home Phone _____

Cell Phone _____

E-mail _____

Name of School _____

Grade _____ Age _____

Shirt Size: YS YM YL S M L XL

Payment by attached Check # _____

If you are unable to attend this camp, but would like to be placed on a list for future camp mailings, please check this box or email ron-rainey@uiowa.edu to be put on the list!

Return application and \$120 Camp fee to (make checks payable to Hawkeye Soccer Camps):

**Hawkeye Soccer Camps
220 CHA
Iowa City, IA 52242**

Please direct any questions regarding the camp to Ron Rainey by phone at 319-335-9271 or by email at ron-rainey@uiowa.edu

UNIVERSITY OF IOWA CAMP STAFF INFORMATION

CAMP DIRECTOR



RON RAINEY

Head Coach University of Iowa since 2006
Former Ball State Head Coach (1999-2005)
16 years of collegiate coaching experience
MAC Coach of the Year, 2002
Region II ODP Staff
USSF 'A' License, NSCAA Advanced National Diploma, USSF National Youth Coaching License



ERIC GOLZ

Assistant Coach, University of Iowa
6 years of collegiate coaching experience
USSF 'A' License
Region II ODP Staff
NSCAA Level 1 GK License
All Conference GK at Grove City College



EILEEN NARCOTTA

Assistant Coach, University of Iowa
9 years of collegiate coaching experience
USSF 'B' License
Region II ODP Staff
NSCAA Advanced National License
Played at the University of Vermont

CAMP COACHES

ADDITIONAL COACHES will include other collegiate coaches as well as current players. Both will possess a tremendous knowledge of the game and will be able to provide a fun and enthusiastic atmosphere for all campers!!



IOWA SOCCER



2009 Spring Break Soccer Camp

March 16 - 20, 2009

9:00 am - Noon

For girls and boys ages 5 - 16



CAMP PHILOSOPHY

The day camp offers quality instruction with approximately a 1:10 ratio of staff to campers. Campers will be taught the technical skills of soccer with the emphasis on match-related activities and small sided games. Campers will be arranged in groups by both age and ability level. With quality instruction and a high level of competition, we hope to develop the campers' level of skill, their understanding of soccer, as well as their love of the game!

CAMP FEATURES

INSTRUCTION from University of Iowa women's soccer coaches and players

FREE Camp T-Shirt

FUN and CHALLENGING learning atmosphere for campers

SKILL DEVELOPMENT stations for beginning players

TEAM and TACTICAL training

2009

Spring Break Soccer Camp

WHEN : March 16-20, 2009

WHERE: Hayden Fry Indoor Practice Facility "The Bubble"

TIME: 9:00am-Noon

AGES: Girls and Boys 5-16

FEES: \$120 per person

* Each camper will receive a camp t-shirt*

A detailed letter of confirmation, camp information, and directions to facilities will be sent upon receipt of your application.

Feel free to copy this brochure and distribute.

COME TRAIN WITH THE HAWKEYES!!

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, 319-335-0705.

**RELEASE OF LIABILITY,
MEDICAL AND SURGICAL AUTHORIZATION AND
MEDIA AUTHORIZATION**

In consideration of being permitted to participate in the University of Iowa Sports Camps Program, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release the State of Iowa Board of Regents, State of Iowa and University of Iowa, their officers, employees and agents, from any and all liability for personal injury or property damage that may result from program activities. The University of Iowa will only be responsible for personal injury or property damage which results from the negligent acts or omissions of the University of Iowa, its employees, agents, or officers.

I hereby authorize and give my consent to the health authorities of the University of Iowa or any licensed healthcare professional to perform upon or administer to

_____ (camper's/student's name) any reasonable, necessary,

surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to the University of Iowa Student Health Service or the University of Iowa Hospitals and Clinics. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim.

This permission is good only while the student is attending the Sports Camps Program at the University of Iowa and only until the student has attained his/her eighteenth birthday.

I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above-named student for purposes of promotional materials or any other type of media produced and/or published by the University of Iowa to promote or publicize the University of Iowa or the University of Iowa Sports Camps Program.

Parent's / Guardian's Signature

Date

Participant's Signature (if over 18)

Date

Parent/Guardian Name (print/type) _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Insurance Company _____

Insurance Co. Address _____

Policy No. _____ Policy Holder _____

Primary Contact Name (in case of emergency) _____

Primary Contact Phone #'s _____

Secondary Contact Name _____

Secondary Contact Phone #'s _____

TYPICAL DAILY SCHEDULE

9:00-9:15	Check in and roll call
9:15-9:45	Warm Up
9:45-10:45	Skill Stations (will include dribbling, passing, heading, shooting, etc)
10:45-11:15	Game of the Day
11:15-12:00	Small Sided Games