



IOWA SOCCER

2010 SUMMER CAMPS

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

Please check the appropriate lines (cost for Session 1 or 3 is \$140, cost for Session 2 or 4 is \$210):

SESSION 1: JUNE 14-18 9am-Noon

SESSION 2: JUNE 14-18 9am-3pm

SESSION 3: JULY 26-30 9am-Noon

SESSION 4: JULY 26-30 9am-3pm

Return application and 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 (2005-Present)
Former Ball State Head Coach (1999-2005)
17 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



SHANE MERIDITH

Assistant Coach, University of Iowa
17 years of collegiate coaching experience
USSF 'A' License
Region II ODP Staff
Former director of Westside Soccer Club in Ohio
All Region at Earlham 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



2010

Hawkeye Summer Soccer Camps



June 14-18

July 26-30

For girls and boys ages 5 - 18



CAMP PHILOSOPHY

The Hawkeye Summer Soccer Camps offer quality instruction with approximately a 1:10 ratio of staff to campers. Campers will be taught the technical skills of soccer with an emphasis on match-related activities and small sided games. Campers will be arranged in groups by both age and ability level. All campers will have the opportunity to train at one of the premier college soccer facilities in the Midwest. 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

CAMP T-SHIRT, CAMP SOCCER BALL

FUN and CHALLENGING learning atmosphere for campers

TECHNICAL DEVELOPMENT stations for beginning and advanced players

TEAM and TACTICAL training

FIRST CLASS University of Iowa facilities

TYPICAL DAILY SCHEDULE - Sessions 1 and 3

Check in and roll call

Technical Warm Up

Skill Stations

Game of the Day, Snack

Small Sided Games

Full Day Camp (Sessions 2 and 4) will have tactical sessions (defending and attacking principles and functional play) along with tournament play in the afternoon

2010 Hawkeye Summer Soccer Camps

Session 1: June 14-18 9am-Noon

Boys and Girls ages 5-18

Session 2: June 14-18 9am-3pm

Boys and Girls ages 7-18

(camp ends at Noon on the 18th)

Session 3: July 26-30 9am-Noon

Boys and Girls ages 5-18

Session 4: July 26-30 9am-3pm

Boys and Girls ages 7-18

(camp ends at Noon on the 30th)

All sessions will be held at the University of Iowa Soccer Stadium, practice field, and in case of inclement weather, the new HTRC turf area.

Fees: \$140 per session for Session 1 or 3

\$210 for Session 2 or 4

Each camper will receive a camp t-shirt and soccer ball.

Full Day campers must provide their own lunch.

Discounts (the following receive a \$10 discount):

Early Bird Discount (application postmarked by May 1st)

Family discount (two or more siblings from same family)

Team Discount (seven or more from same team)

ONLY ONE \$10 DISCOUNT PER CAMPER

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

Call 319-335-9271 for information or if you have any questions.

Come Train With the Hawkeyes!

RELEASE OF LIABILITY,

MEDICAL AND SURGICAL AUTHORIZATION AND

MEDIA AUTHORIZATION

Camper _____ (Please print full legal name)
Birth Date _____ M ____ F
Sport _____ Camp starting date _____

In consideration of being permitted to participate in The University of Iowa Sports Camps Program, I hereby release the Board of Regents, State of Iowa; The University of Iowa Sports Camps Program, State of Iowa; and The University of Iowa, their officers, employees, and agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending and/or being transported to or from The University of Iowa Sports Camp. The University of Iowa will only be responsible for bodily injury or property damage that results from the negligent acts or omission of The University of Iowa, its employees, agents, or officers in conjunction with this program.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary in connection with, including transportation to or from, the Sports Camp Program. I understand that should an emergency medical problem arise, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp. I authorize the disclosure of medical information to the insurance company listed below for the purpose of claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above-named camper 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