



# IOWA SOCCER

## 2014 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](mailto:ron-rainey@uiowa.edu) to be put on the list!

**Return application and \$160 Camp fee to  
(make checks payable to Hawkeye Soccer  
Camps):**

**Hawkeye Soccer Camps**

**N322 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](mailto:ron-rainey@uiowa.edu)

## UNIVERSITY OF IOWA CAMP STAFF INFORMATION

### CAMP DIRECTOR



**RON RAINY**

- Head Coach University of Iowa since 2006
- NCAA tournament appearance in 2013!
- 22 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



**NICK FLOHRE**

- Assistant Coach, University of Iowa
- 6 years of collegiate coaching experience
- USSF 'B' License
- Over 11 years of camp experience
- Former Assistant director of Ohio Elite Soccer Club in Ohio



**JULIE HANLEY**

- Assistant Coach, University of Iowa
- 4 years of collegiate coaching experience
- Master's Degree in Kinesiology and Recreation
- Played and coached in NCAA Tournament
- Captain of University of Kansas soccer team

### 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!!



**2014**

# **Spring Break Soccer Camp**

**March 17 - 21, 2014**

**Noon - 3:00 pm**

**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 an 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

## TYPICAL DAILY SCHEDULE

<b>Noon-12:15</b>	<b>Check in and roll call</b>
<b>12:15-12:45</b>	<b>Warm Up</b>
<b>12:45-1:45</b>	<b>Skill Stations (will include dribbling, passing, heading, shooting, etc)</b>
<b>1:45-2:15</b>	<b>Game of the Day, Snack</b>
<b>2:15-3:00</b>	<b>Small Sided Games</b>

# 2014

# **Spring Break Soccer Camp**

**WHEN:** March 17-21, 2014

**WHERE:** The new Indoor Practice Facility, field turf surface

**TIME:** Noon - 3:00 pm

**AGES:** Girls and Boys 5-16

**FEES:** \$160 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 \_\_\_\_\_