

2018 GIRLS SOCCER CAMPS
Ages 13-20



Contact Information

1. Camp Website:
<http://www.bruceericksonsoccer.com>
2. Camp E-mail:
unisocccercamp@gmail.com
3. Camp Phone:
319-273-5425

STAFF



Bruce Erickson
Head Soccer Coach
University of Northern Iowa

Coaching Experience
-former Head Coach, Creighton University
-former Head Coach, Wayne State
-former Head Coach, Viterbo University



Jeremy Clevenger
Assistant Soccer Coach
University of Northern Iowa

Coaching Experience
-former Head Coach, Western State Colorado Univ.
-former assistant, Baylor University
-former assistant, Houston Baptist
-former assistant, University of Central Missouri
-former assistant, Fort Hays State

College Coaches Attending

It is our goal of the UNI Woman Soccer program and Bruce Erickson Soccer Camps to provide each campers the opportunity to be coached and be seen by multiple college coaches. We invite coaches from local university's and out-of-state to participate in our camp. Our hope is that everyone that attends our camp will play college soccer. We will announce on the website participating college coaches as camp arrives

2018 GIRLS SOCCER CAMP SCHEDULE

OPEN TO ANY AND ALL ENTRANTS, LIMITED ONLY BY NUMBER, AGE, GRADE LEVEL, AND/OR GENDER

One Day ID Camp, Sunday April 22nd
Camp Cost \$125, Ages 13-20

\$25 discount if registered by April 1st

Registration: 10:00am
Camp Concludes: 3:30pm

Two Day ID Camp #1, July 1st-2nd
Camp Cost \$225, Ages 13-20

\$25 discount if registered by April 1st

(Day 1) Registration: 10:00am
(Day 2) Camp Concludes: 6:00pm

Two Day ID Camp #2, July 22nd-23rd
Camp Cost \$225, Ages 13-20

\$25 discount if registered by April 1st

(Day 1) Registration: 10:00am
(Day 2) Camp Concludes: 6:00pm

What to Bring?

Equipment

-Soccer Cleats -Running Shoes -Sunscreen
-Shin Guards -Soccer Ball -Water Bottle
-1 day of soccer attire (shirts, shorts, socks)

ABOUT CAMP

The overall goal of the this academy is to educate and challenge players of all levels, while focusing the serious soccer player towards achieving their next level. This academy is designed specifically for girls between the ages of 13 and 20 who wish to gain an edge in their development toward collegiate play and a chance to train in a "NCAA Division I like" college soccer environment. The camp will offer both technical and tactical sessions, delivered by our nationally recognized coaching staff.

Our curriculum is designed to challenge each player through the combination of small and full-sided match play coupled with daily training sessions focused on various technical and tactical aspects. This camp is geared toward the serious soccer player who has aspirations of playing in high school, college or beyond.

Additionally, players will be trained by the current University of Northern Iowa Staff, as well as college and professional coaches from around the country. GK Academy available, just select GK as position to be part of GK Academy



Registration

Camper's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Cell #: _____

E-mail Address: _____

DOB: _____ Grade Entering this Fall: _____

T-Shirt Size: (Adult Size) XS S M L XL - Please Circle

Position: GK DEF MID FWD - Please Circle

Graduation Year: _____

Names of Parents/Guardians: _____

School: _____

Club Team: _____

One Day ID Soccer Camp -- \$125

*includes lunch and T-shirt

*Registration 10:00am *Camp Conclusion 3:30pm

Sunday, April 22nd, 2018

Two Day ID Soccer Camp -- \$225

*includes T-shirt, lunch and Dinner/Snacks

*lodging NOT provided

*Day 1 Registration 10:00am *Day 2 Camp Concludes 6:00pm

ID Camp #1, Sunday July 1st-2nd

ID Camp #2, Sunday July 22nd-23rd

Checks: Make check payable to Bruce Erickson Soccer

Mail Check & Requisition Form To: Bruce Erickson Soccer Camps,
1003 Bluegrass Circle, Unit 8, Cedar Falls, IA 50613

Credit Card: got to <http://www.bruceericksonsoccer.com>

Release and Insurance Form

All forms must be received or notified to Bruce Erickson Soccer Camps before the individual will be able to participate in camp.

Camper Name: _____

Emergency Contact Name: _____

Policy holder: _____

Emergency contact phone: _____

Medical Insurance Co.: _____

Policy #: _____

Group #: _____

Physician Name: _____

Physician Phone: _____

Medical conditions, allergic reactions and present medications the youth program staff and medical emergency services personnel need to be made aware of:

As the parent/legal guardian of the camper named here

_____ participant, it is understood that playing or participating in any sport can be a dangerous activity in involving MANY RISKS OF INJURY. It is understood that the dangers and risks involved with playing or participating in football may result not only in serious injury, but in a serious impairment of one's future abilities to earn a living.

The following additional activities are engaged at the Bruce Erickson Soccer Camps and UNI. Each participant may be involved in any one of these activities. Each of these activities also has certain inherent risks similar to those mentioned above. These activities include but are not limited to: running, physical contact activity, transported by vehicle, weight lifting and more.

By signing below, the participant and parent/legal guardian hereby assume all risks associated with participation and agree to hold University of Northern Iowa, Bruce Erickson Soccer Camps, and the Bruce Erickson Soccer Camps, director and all agents, coaches and volunteers harmless from any and all liability. The terms hereof serve as a release and assumption of risk.

Additionally, by signing below, the participant and parent/legal guardian understand, in the event of an emergency, every effort will be made to contact them. However, in the event they cannot be reached, this form hereby gives permission to the physician selected by the Bruce Erickson Soccer Camps, to hospitalize and secure proper treatment (including surgery) for the participant. By the parent and participant signing this form, they are agreeing to abide by all camp rules and reasonable authority of the camp staff and that participant has been deemed physically able to participate in soccer and recreation activities by a physician.

Parent/Legal Guardian (print) Signature Date

Camper (print) Signature Date