

UNIVERSITY OF NORTHERN IOWA

YOUTH SOCCER CAMP

SUMMER YOUTH DAY CAMP

June 11th-13th

Who: Boy's & Girls

Age: 6-12



Time: 1:00pm-3:00pm

Cost: \$100 includes T-shirt

Early Bird Discount: \$25 OFF if you register before May 1st

Location: UNI Practice Field

Register Online at www.bruceericksonsoccer.com

More questions? Contact us at unisoccercamp@gmail.com or by phone 319-273-5425

About Youth Day Camp: UNI Soccer invites you to our youth soccer camp with UNI soccer players and staff. Youth players have a unique opportunity to gain a very special training experience with one of America's most storied college soccer programs – University of Northern Iowa. The Panthers have been one of the most promising soccer programs in the Missouri Valley Conference, reaching the MVC Championship game, and are committed to developing soccer players. The camp is designed to fit into the busy schedule of the typical soccer family, yet provide an invigorating, educational, and fun experience for the player. These sessions are directed by Coach Erickson and his coaching staff, along with other top guest soccer coaches. All of the sessions take place at the UNI-Dome on campus.

Sessions include great, personalized training for all players. Players will be grouped by age and ability. And, each session is also perfect for teams to sign up and be trained as a team, making your team more coordinated and competitive for the coming season!

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

Camper's Name: _____

Camper Name: _____

Address: _____

In case of emergency, contact: _____

Emergency contact phone: _____

City: _____ State: _____

Policy Holder Name: _____

Medical Insurance Co.: _____

ZIP: _____

Policy #: _____

Group #: _____

Age: _____ DOB: _____

Physician Name: _____

Physician Phone: _____

Gender: _____ Grade: _____

Medical conditions the youth program staff and medical emergency services personnel need to be made aware of:

T-Shirt Size: YS YM YL AS AM AL - Please Circle

Names of Parents/Guardians: _____

Home #: _____ Cell #: _____

E-mail Address: _____

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 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.

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: for online registration go to <http://www.bruceericksonsoccer.com>

Parent/Legal Guardian Signature

Date