

UNIVERSITY OF NORTHERN IOWA HIGH SCHOOL ID SOCCER CAMP

FALL/WINTER HIGH SCHOOL ID CAMP

Sunday, November 24th

Who: Girls

Age: 13-20 + JUCO Players



Time: 10:00am—3:30pm

Cost: \$125 includes T-shirt & Lunch

Location: UNI DOME

Register Online at www.bruceericksonsoccer.com

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

About Winter High School ID 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 coaches from around the region. GK training available, just select GK as position to be part of that session.

Camper's Name: _____

Age: _____ Gender: _____

Address: _____

City: _____ State: _____

ZIP: _____ POSITION _____

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

Names of Parents/Guardians: _____

Home #: _____ Cell #: _____

E-mail Address: _____

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>

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

Name: _____

In case of emergency, contact: _____

Emergency contact phone: _____

Medical Insurance Co.: _____

Policy #: _____

Group #: _____

Physician Name: _____

Physician Phone: _____

Medical conditions 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 Signature _____

Date _____