

# UNIVERSITY OF NORTHERN IOWA

## YOUTH SOCCER & SWIM CAMP

### SUMMER YOUTH SOCCER & SWIM CAMP

June 10-12, 2019

Who: Boy's & Girls

Age: 6-12



Time: 10:00am-3:00pm

Cost: \$125 (\$100 if registered by APRIL 15) includes T-shirt, Swim

Location: UNI DOME & WRC Pool

Register Online at [www.bruceericksonsoccer.com](http://www.bruceericksonsoccer.com)

More questions? Contact us at [unisocccercamp@gmail.com](mailto:unisocccercamp@gmail.com) or by phone 319-273-5425

About Soccer & Swim Camp: *UNI Soccer invites you to our Summer youth soccer & swim camp with UNI soccer players and staff. This Summer, your soccer player has 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 the most promising soccer programs in the MVC. The camp is designed to fit any player: beginner, intermediate or advanced. We will provide an invigorating, educational, and fun experience for the player and end each day with time in the pool! These sessions are directed by Coach Erickson and his coaching staff and are All of the sessions take place at the UNI-Dome on campus and the Swimming will take place in the WRC pool.*

*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 and be trained as a team, making your team more coordinated and competitive for the coming season!*

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

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

Names of Parents/Guardians: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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.

**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://](http://www.bruceericksonsoccer.com)

[www.bruceericksonsoccer.com](http://www.bruceericksonsoccer.com)

Parent/Legal Guardian Signature

Date