

# UNIVERSITY OF DUBUQUE **SPARTAN SOCCER**

## The University of Dubuque Men's Soccer Advanced Players Winter Camp

The University of Dubuque Men's Soccer program is excited to announce the 2016 Advanced Players Winter Camp. The camp will be held in the UD indoor Turf Facility (The Veterans Memorial Training Center). The Mondo turf facility will provide an excellent training environment for campers. The camp is geared to high school juniors and seniors that have an interest in attending the University of Dubuque and want to participate in a high level program. Each camper will have the opportunity to participate in collegiate training sessions conducted by NSCAA and USSF licensed UD coaching staff. It will be a great opportunity to explore the outstanding University of Dubuque men's soccer program.

*WHEN: March 5th, 2016*

*WHERE: University of Dubuque Indoor Turf Practice Facility (located next to the CRWC)*

*WHO: Premier High School aged soccer player*

*TIME: 9am-5pm (Soccer Camp between 2pm-5pm)*

*COST: \$60 (Includes Camp T-Shirt)*



### Camp Schedule

9:00am- Check in at Myers Teaching and Administrative Building  
10am- University Welcome  
10:30- Meeting with Professor  
11:00- Campus Tour  
12:15- Lunch  
1:00pm- Meeting with Admissions Office Representative  
2pm- Camp in the Veterans Memorial Training Center (See Pictures Above)  
5pm- Camp Ends



# Parent/Guardian Release

University of Dubuque (UD) "Hold Harmless"

Agreement—Waiver and Release of Claims:

- Each participant's parent/guardian must complete this for prior to son/daughter's participation in the afore-mentioned activity. Please read this form carefully and be aware that you will be waiving and releasing all claims for injury/illness sustained arising out of this activity by your son/daughter.
- As the parent/guardian of the participant, I certify that he/she is physical/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the participant as well as permission to transport to a medical facility.
- Please recognize that the University of Dubuque (UD) does not carry medical insurance for injuries/illness sustained arising out this activity. It must be noted that the absence health insurance coverage does not make UD responsible for payment of medical expenses.
- In consideration for son/daughter's participation in the UD named activity, I agree to assume all risk and fully release from all liability UD, members of the University community, its directors, officers, trustees, agents, servants and employees for any injuries including death, damages or loss of severity which my child may sustain as a result of participating in this activity.
- I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.
- I further agree to indemnify and hold harmless the UD, Members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by my child or rising out of, connected with, or in any way associated with my son/daughter's participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.
- **Parent/Guardian's Signature is required on the other side of this form to confirm that you have read and agreed to all aspects of the Hold Harmless Agreement-Waiver and Release of Claims.**

# Soccer Camp Registration

University of Dubuque Advanced Players Camp

March 5th, 2016

University of Dubuque Campus

Please Return Completed Form To:

University of Dubuque Soccer

Attn: Karla Weber (Athletics)

2000 University Avenue

Dubuque, IA 52001

\$60: Please make checks available to University of Dubuque Men's Soccer

Call or Email: Brad Johnson

Phone: 563-589-3692

Email: bjohnson@dbq.edu

\_\_\_\_\_ T-Shirt Size (S,M,L, XL)

\_\_\_\_\_ Total Enclosed (\$60)

<u>Position</u>	
GK	<input type="checkbox"/>
Defender	<input type="checkbox"/>
Midfielder	<input type="checkbox"/>
FWD	<input type="checkbox"/>

Name: \_\_\_\_\_

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

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

City/State/ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Insurance: \_\_\_\_\_

Any other concerns which the camp director, coaches, or medical staff should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name: \_\_\_\_\_

(Please Print)

Parent/Signature: \_\_\_\_\_

(Required)

Emergency Contact: \_\_\_\_\_