

UNIVERSITY OF EVANSVILLE

ACES SOCCER CAMP

Spring Break 2010 for Boys and Girls Grades K-6

March 22-26

Half-Day – \$125 (9:00 a.m. - Noon)

Full-Day – \$200 (9:00 a.m. - 4:00 p.m.)

Before and After Care \$50 (8:00 - 9:00 a.m., 4:00 - 5:00 p.m.)

*All campers receive an Aces Soccer Camp T-shirt and a certificate of achievement.
Full-day camp includes a hot lunch and drink.*

Program

This camp is specifically designed for boys and girls in grades K through 6 who want to learn the fundamental skills of soccer. Emphasis on correct technique is reinforced by individual instruction. The learning environment is enhanced by small groups, which guarantees involvement. The newest teaching and coaching methods are presented in a clear, concise manner. Since each camper is required to have his own ball, there is plenty of time to perfect newly acquired skills. The fun-filled days are supervised, and a certified CPR and first aid staff member is always on duty.

Facilities

The spring break camp is located at Black Beauty Field at Arad McCutchan Stadium on the University of Evansville campus. The entrance is located off of the Arad McCutchan Stadium parking lot on Frederick Street. Bathrooms and indoor space for shelter from severe weather are available.

Camp will be held RAIN or SHINE.

Check-in

Check-in will take place the first Monday of the camp week from 8:30 to 9:00 a.m. All campers will need to bring a ball, soccer cleats, and shin guards.

Concessions

Drinks and snacks will be available for purchase throughout the day. Water coolers are available at all field locations at all times. Campers may pack their own snack and drink to be consumed at their assigned break times.

Day Camp Staff

The Aces Soccer Camp features an outstanding staff of instructors led by camp director and head coach of Aces soccer, Mike Jacobs, along with Aces assistant coaches Marshall Ray, Mike Miller, and Chris Loftus. Current Purple Aces soccer players are on the staff as well and will provide an autograph session at the end of the week for all the campers.



PAYMENTS NEED TO BE RECEIVED BY MARCH 15 TO AVOID \$25 LATE REGISTRATION FEE

ACES SOCCER CAMP Spring Break 2010 Application

Last Name _____ First Name _____ Nickname _____

Date of Birth _____ Age _____ Current Grade _____ School _____

Club Team/Coach (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian _____

Home Telephone _____ Mother Cell Phone _____ Father Cell Phone _____

E-mail _____

(Registration confirmation will be sent via e-mail. Please provide a valid address to receive important camp information.)

Emergency Contacts:

1) Name _____ Telephone _____

2) Name _____ Telephone _____

Liability Release and Indemnity Agreement

I hereby request that you accept this application for enrollment in the Aces Soccer Camp during the dates set forth in this application. I hereby release the Board of Trustees of the University of Evansville, all its employees, and the Aces Soccer Camp and its agents from all participant claims on account of any injuries which may be sustained by me while attending the Aces Soccer Camp, and I agree to indemnify the Board of Trustees of the University of Evansville and its employees and the Aces Soccer Camp and its agents for any claim which may hereafter be presented by me as a result of any such injuries.

I agree that if any injury or emergency should occur during camp to my child, the Aces Soccer Camp staff is authorized to take whatever steps are reasonably necessary in their judgment to attend to my child's medical needs. I agree to be responsible for any hospital expenses, doctor's bills, or other expenses that may be incurred to attend to my child's medical needs. I represent that my child has adequate health insurance to cover the cost of treatment in the event of any injury that my child incurs during participation in the Aces Soccer Camp.

Insurance Company _____ Policy Owner _____

Company Address _____ Policy Number _____

Medical Certification

(This information must be provided before camp begins.)

I acknowledge that the Aces Soccer Camp has strongly recommended to me that my child seek medical advice concerning my child's physical health, conditioning, and abilities prior to engaging in any camp activities. I further acknowledge that my child does not have any medical conditions that would affect my child's fitness to participate in camp activities.

Current Medical Conditions (Asthma, Allergies, etc.) _____

Medications Currently Taking _____

Parent's Signature _____ (required) Date _____

I give my permission for my child's photograph to be used in future brochures.

Yes No Signature _____ Date _____

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Please make check payable to *ACES SOCCER CAMP*.

Mail application and payment to:

ACES SOCCER CAMP

PO BOX 2071

Evansville, IN 47728