

Aces Goalkeeper Camp

Session I

(Max 12 Campers per session)

Monday December 12 – Friday December 16
Ages 9-13 from 5:30-6:45 / Ages 14-18 from 7:00-8:15pm

Session II

(Max 20 Campers)

Tuesday Night 8:00-9:00 January 10, 17, 24, February 7, 14
(No Camp January 31st)

\$125 Per Camp

****If you attend both camps price drops to \$100 per
Camp****

Program

This goalkeeper training camp is geared towards the serious goalkeeper. Training sessions will be conducted and instructed by University of Evansville Assistant Coach Michael Pereira, as well as other collegiate goalkeepers. Evaluations and assessments will be completed at the duration of the program, which will be able to be used as reference points for the goalkeeper throughout the club season. Training sessions will have content in technical and tactical areas, and will be in small-group and game-related formats.

Facilities

The Aces Goalkeeper Camp will be conducted on UE's campus.

Camp Instructor

University of Evansville Assistant Coach Michael Pereira

- UE Goalkeeper Coach
- NSCAA National Goalkeeper Diploma
- USSF National D License
- Goalkeeper and Staff Coach Evansville Soccer Club

Camp Instructors will also be current Aces goalkeepers.

Aces Soccer Camp

Aces Goalkeeper Training Session

Name _____
Date of Birth _____ Age _____ Grade _____ School _____
Club Team/Coach _____
Address _____
City _____ State _____ Zip Code _____
Parent/Guardian _____
Home Telephone _____ Cell Phone _____
E-mail _____

Emergency Contacts:

1) Name _____ Phone _____
2) Name _____ Phone _____

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.

Participant Signature (required) _____ Date _____

Parent/Guardian Signature (required) _____ Date _____

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the policy's company name, address, number and owner. The accident insurance provided by the camp is on an excess basis.

Insurance Company _____

Policy Owner _____

Company Address _____

Policy Number _____

Medical Certification (This information must be provided before camp begins)

I hereby certify that _____ is physically fit to participate in an active soccer camp during the days of the camp for which he has registered. I know of no physical impairments which would in any manner limit his participation in such a program.

Parent's Signature _____ Date _____

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

Yes No Signature _____ Date _____

Please check one of the following:

____ Monday-Friday 5:30-6:45pm (Ages 9-13) - \$125 ____ Monday-Friday 7:00-8:15pm (Ages 14-18) - \$125

____ Tuesday Nights 7:00-8:00 January 10th - February 14th - \$125

Please make check payable to **ACES SOCCER CAMP.**

Mail application to:
ACES SOCCER CAMP
PO BOX 2071
Evansville, IN 47728