

# Syracuse Girls Soccer Camp Application

Name (please print) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Age (as of 9/04) \_\_\_\_\_ Grade (as of 9/04) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Name of Parent or Guardian \_\_\_\_\_

**Make checks payable to:**  
 SU Girls Soccer Camp  
 Manley Field House  
 Syracuse University  
 Syracuse, NY 13244-5020  
 Phone # (315) 443-5742  
 e-mail: gntait@syr.edu

Home Phone # (\_\_\_\_) \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Circle one: Resident Camper Day Camper Roommate Request (one): \_\_\_\_\_

Team Discount (circle): Yes No (*Only available if all 10 applications are mailed together*)

Position (circle): defense midfield forward goalie

SU Adidas Camp Ball (additional \$20.00): Yes No

*\*A \$50 deposit is required with the application. The deposit is non-refundable. The balance of the fee must be paid by July 15, 2004 or paid by cash or money order at registration.*

**Office Use Only**  
 Deposit Amt. \_\_\_\_\_ Check #: \_\_\_\_\_  
 Balance: \_\_\_\_\_ Check #: \_\_\_\_\_  
 Medical Release: \_\_\_\_\_ Waiver: \_\_\_\_\_

## 2004 Waiver Form - Release for Medical Treatment

(This form must be completed before application is sent in.)

*Since most of the students attending the camp are under 18 years of age, it is necessary that our doctors have the parents' permission to administer treatment in the event of an accident or sudden illness. If you are 18 years of age, sign your name.*

Birth Date: \_\_\_\_\_ Date of last tetanus immunization (must be within last 10 years (7/20/94): \_\_\_\_\_

### Immunization History

(fill in dates or attach record)  
 DTP Series \_\_\_\_\_  
 Booster \_\_\_\_\_  
 Measles (live) \_\_\_\_\_  
 Rubella \_\_\_\_\_  
 Tetanus (year) \_\_\_\_\_  
 Tuberculin Test \_\_\_\_\_  
 Meningitis \_\_\_\_\_

### Health History (check all that apply)

Asthma _____	Allergies _____
Ear Infections _____	Bee Stings _____
Migraines _____	Hay Fever _____
Convulsions _____	Food _____
Diabetes _____	Penicillin _____
Heart Murmur _____	Other Drugs _____
Behavior Disorder _____	Other: _____

**Campers with the following conditions must provide written physician's clearance before attending summer camp. Please return an official letter of physician's clearance (for each item circled) with this form.**

### Please circle:

Fracture in the last 6 months	No	Yes
Spinal Injury	No	Yes
Surgery in the past one year	No	Yes
Diabetes	No	Yes
Seizure Disorder	No	Yes
Hemophilia	No	Yes
Heart Condition (including murmurs)	No	Yes
Loss of Organ	No	Yes
Illness in the past one month	No	Yes

Does this camper require taping/splinting for sport participation? NO YES

If yes, please explain (be specific): \_\_\_\_\_

*\* NOTE: You must supply your own tape supplies for pre-existing conditions.*

Chronic/Recurring Illness, or Serious Illness in the past 6 months (list condition and date): \_\_\_\_\_

Operations or Serious Injuries (list condition and date): \_\_\_\_\_

*\*\*\*All surgeries and serious or recent injuries/illnesses require a physician's clearance before participating in camp.*

Medications camper is currently taking (please be specific): \_\_\_\_\_ Restrictions/limitations while at this camp (please be specific): \_\_\_\_\_

*\*\*\*IMPORTANT: Please notify the camp director if camper is exposed to any communicable diseases or sustains an injury during the three weeks prior to camp.*

### Emergency Phone Numbers (please print clearly):

Father: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_  
 First Last

Mother: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_  
 First Last

If not available in an emergency notify: (Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 (Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

INSURANCE COVERAGE: for accidental injury is required by all participants. In most instances, Family health is adequate. Please complete or attach.

I have the required Insurance.

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

Policy Holder's Name: \_\_\_\_\_

Policy Holder's S.S.#: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Is pre-approval required: yes no

Policy/Group #: \_\_\_\_\_

Insurance Co. Phone Number: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

I have adequate medical coverage and insurance and give my daughter permission to attend the Syracuse University Girls Soccer Camp and we (or I) agree to indemnify Syracuse University and its employees for any claim which may hereafter be presented by our (or my) daughter as a result of any such injuries. In addition, our (or my) daughter understands all the rules and regulations of the Syracuse University Girls Soccer Camp and promises to conform to them.

This health history is correct, so far as I know, and my (our) child has permission to engage in all camp activities except as described above. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child attending the Syracuse University Girls Soccer Camp.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

# Facts about the Syracuse University Girls Soccer Camp

(Please keep for your information)

## Camp Philosophy

The Girls Soccer Camp is designed to expand your experience with the game of soccer in an enjoyable and rewarding environment. Sessions will include individual skill and technical training, team and small group tactical training, and varied competitive and challenging match conditions.

The camp is designed to prepare each player for her upcoming fall season by providing a challenging curriculum for the competitive athlete. The week will offer a total soccer experience, allowing participants the opportunity to gain an edge in their overall game. It is our goal for every young lady to leave camp with a greater knowledge of the sport and to take with her a thirst for the challenge, excitement, and sense of accomplishment that the game of soccer can provide.

## Goalkeepers

Goalkeepers receive separate, specialized coaching, as well as game analysis from experienced goalkeeper instructors. They will be incorporated into match play.

*\* Must bring proper goalkeeping gear (ie. long-sleeve shirt, gloves)*

## Cost

\$355.00 per overnight camper \*

\$280.00 per day camper \*

*\* \$10.00 discount per camper when 10 or more teammates mail applications together*

## Discipline

Any violation of camp regulations (ie. damage to school property, violation of camp rules) may result in immediate dismissal from camp. If a camper is dismissed or voluntarily leaves camp, there will be no refund.

## Accommodations

Campers will be housed two to a room in a Syracuse University residence hall on campus. The coaches/counselors live on the floors with the campers, thus campers will be under regular supervision. Bedding and towels will NOT be provided. The campers must bring their own. The first meal will be served Sunday evening and the last meal will be Wednesday afternoon.

## Registration and Check Out

- ✓ Registration and check-in will be from 2-4 p.m. on Wednesday, July 28 at Day Hall.
- ✓ **DAY CAMPERS MUST CHECK-IN AND REGISTER**
- ✓ Dinner will follow registration
- ✓ The first session will begin at 6:30 p.m.
- ✓ Awards presentation will be held at Manley Field House at 3 p.m. on August 1.
- ✓ Check-out will be at Day Hall after awards ceremony.

Come join the excitement and learn from the Syracuse University Orangewomen as they prepare for their ninth season in 2004!



Syracuse University Girls Soccer Camp  
Athletic Department  
Manley Field House  
Syracuse, NY 13244-5020  
(315) 443-5742

# SYRACUSE GIRLS SOCCER CAMP



For girls  
ages 10-18



Register Today!

JULY 28 - AUGUST 1, 2004

## Syracuse Girls Soccer Camp Staff



**Greg Tait**

**CAMP DIRECTOR  
SYRACUSE UNIVERSITY**

- ✓ Three-year letterwinner as a goalkeeper at Notre Dame
- ✓ Member of Soccer America's Team of the Week and was BIG EAST Goalkeeper of the Week twice in 2002
- ✓ Posted a 4-2 record with four shutouts and a .85 GAA for the Irish in 2002
- ✓ Has coached at Notre Dame men's and women's summer camps as well as the Christian Brothers Academy High School Camp in Syracuse
- ✓ The Fayetteville native led Christian Brothers Academy to the 1997 New York State Championship
- ✓ Holds a National License from the NSCAA

*Former Orangewomen and the current coaching staff, including head coach April Kater, will serve as instructors at the camp!*

### Support Staff

The coaching staffs at past camps have included coaches from:

- |                    |                  |                   |            |
|--------------------|------------------|-------------------|------------|
| ✓ Ball State       | ✓ Buffalo        | ✓ Colgate         | ✓ UNLV     |
| ✓ Hamilton College | ✓ MIT            | ✓ Drury           | ✓ Hartwick |
| ✓ Ohio University  | ✓ SUNY Brockport | ✓ SUNY Binghamton |            |
| ✓ SUNY Cortland    | ✓ Monroe CC      |                   |            |

### What They're Saying About Syracuse Girls Soccer Camp

Each camper will have an opportunity to fill out an evaluation form at the conclusion of camp. Here's what former campers and parents have said about SU Girls' Soccer Camp:

*"I do plan on coming next year because it was a great experience and I learned a lot."*

~ Former camper

*"I liked learning and improving my soccer skills while still having fun with my teammates and friends."*

~ Former camper



### Facilities

- ✓ Grass soccer fields
- ✓ Turf fields
- ✓ Large dining hall
- ✓ Comfortable Syracuse University residence halls
- ✓ Camp Store

