

2011

Soccer School of Excellence



Judson University's 80 acre campus is located along the Fox River in Elgin, Illinois. Judson is on the southeast corner of Interstate 90 (Northwest Tollway) and Rt. 31. Camp includes 3 volleyball/basketball courts in our fully air-conditioned Lindner Fitness Center and ample space, both indoor and outdoor, for camp activities.

Phone: 847/628-1590 Email: jandresen@judsonu.edu

- * The Soccer School of Excellence is a progressive effort to keep up with the demands of the game and the need to offer quality instruction to the developing player.
- * The Soccer School of Excellence is for boys and girls
- * Daily skills instruction and drill work with Judson camp coaches
- * Cost includes insurance, soccer ball, a camp shirt, lodging and all meals
- * Registration will take place in the Fitness Center lobby from 7pm to 8pm on Sunday, the first night of camp. At that time, the balance of the camp fees are due. The first meal served will be breakfast on Monday.

The camp director is Steve Burke, Judson University Men's Soccer coach

Each Camper will receive a shirt and ball

ALL CAMPERS MUST PRE-REGISTER BY FILLING OUT THIS FORM AND MAILING THE COMPLETE FORM TO:

JUDSON SUMMER CAMPS, 1151 N. STATE ST., ELGIN, IL 60123

ALONG WITH A NON-REFUNDABLE DEPOSIT OR FULL PAYMENT

The attached medical release form must be filled out, signed by your child's physician and submitted at registration

PLEASE PUT A CHECK MARK BEFORE THE CAMP YOU ARE REGISTERING FOR

<input type="checkbox"/>	June 19-23 Grades 5 - 12	Residential	\$395.00 10% discount for Teams	Deposit: \$100.00
<input type="checkbox"/>	June 26-30 Grades 5 - 12	Residential	\$395.00 10% discount for Teams	Deposit: \$100.00

If you want to attend **BOTH** weeks of overnight camps, you will receive a \$100 discount (does not include an extra ball and shirt).

NAME _____ SEX **F** **M** AGE _____

STREET _____ City _____

STATE _____ ZIP _____ Team Affiliation & League _____

Home Phone: (_____) _____ Email: _____

Mother's name and cell phone: _____ Father's name and cell phone: _____

Roommate request: _____

T Shirt Size (circle one): **Adult M** **Adult L** **Adult XL** **Adult XXL**

EMERGENCY CONTACT _____ (RELATIONSHIP) _____ PHONE (____) _____

WAIVER AND RELEASE: I hereby authorize the staff of the Judson University Summer Sports Camps to act for me according to their best judgment in any emergency requiring medical attention, except as notified below (*). Furthermore, I hereby release Judson University Summer Sports Camps and their agents from any cause of action I may have during these camps. I also give my permission to Judson University to use any photographs taken during camp in future publications.

* _____

PARENT OR GUARDIAN SIGNATURE _____

Judson University complies with federal and state requirements for non-discrimination on the basis of disability, sex, race, color, age, creed and national or ethnic origin in admission and access to its programs and activities.

JUDSON UNIVERSITY SUMMER SPORTS CAMPS

1151 N. STATE ST., ELGIN, IL 60123 (847) 628-1590

MEDICAL RECORD AND RELEASE FORM

(OVERNIGHT CAMPS ONLY)

Completion and return of this form to Judson University is required for admission to the camp.
BRING THIS COMPLETED FORM TO CAMP AT REGISTRATION.

Camper's Full Name		Date of Birth	
Parents' Full Names			
Home Address (Number and Street) () ()		City	State
Home Phone	Business Phone ()	Policy #	
Family Physician	Phone ()	City	State
Family Dentist	Phone	City	State

IMMUNIZATION RECORD AND MEDICAL HISTORY (to be completed by your physician)

Basic series of boosters of TD, TOPV (Tetanus & diphtheria, DPT trivalent oral polio vaccine)		Date:	Date:
If no TD in past 10 years, a booster is required.			Date:
MMR and boosters (measles, mumps, rubella)			Date:
Any abnormalities in the following?	Negative	Yes	Any abnormalities in the following?
1. Ears, Nose or Throat			7. Respiratory
2. Cardiovascular			8. Hernia
3. Gastrointestinal			9. Skin
4. Metabolic/Endocrine			10. Allergies
5. Neuro-psychiatric			11. Eyes (glasses)
6. Genito-urinary			12. Musculo-skeletal

Has the patient suffered any major illness, injury or disability in the past? Specify: _____

Has the patient had any history of anxiety or other tension states, eating disorders or emotional instability? _____

Is the patient currently under treatment for any illness, injury or emotional disturbance? Specify: _____

List any medications that the patient is currently taking (i.e., allergy injections, etc.) _____

Does the patient have any known food or drug allergies? Specify: _____

The patient is physically capable of participating in the Judson University Soccer School of Excellence. _____

 Physician's Signature Date

_____ is physically and emotionally capable of participating in the Judson University Summer Sports Camps and has my permission to do so. I hereby authorize the directors and staff of the Judson University Summer Sports Camps to act in my place according to their best judgment in any emergency requiring medical treatment. I also release Judson University and the personnel associated with the Judson University Summer Sports Camps from any liability that results from my child's participation in the camp.

Parent's Signature: _____