



NOTRE DAME DE NAMUR YOUTH SOCCER CAMPS

JUNE 22-26, 2009

The NDNU Youth Soccer Camps provide a great environment for learning the skills, techniques and tactics of the world's most popular sport. We provide quality, enthusiastic coaches who have an extensive background in playing and coaching. They not only teach the components of soccer, but also provide a fun, educational environment for the campers.

CAMP SCHEDULE AND COST

June 22-26

Choose from half or full day sessions

| | | |
|------------------|---------------------------------|------------------------|
| Half-day: | Boys and Girls ages 5-14 | |
| | (1) 9:00 am - 1:00 pm: | \$185 (includes lunch) |
| | (2) 12:00 pm - 4:00 pm: | \$185 (includes lunch) |
| Full-day: | Boys and Girls ages 5-14 | |
| | 9:00 am - 4:00 pm: | \$250 (includes lunch) |

CAMP HIGHLIGHTS

- Staff of enthusiastic, motivated and experienced coaches
- Registration includes a camp t-shirt and soccer ball
- Soccer skill contests with awards
- Lunch at cafeteria and swimming at NDNU pool



CAMP STAFF

- NDNU Coaches
- NDNU Players
- High School
- Licensed



TEAMS, CLUBS AND OTHER DISCOUNTS

- Teams or clubs sending 10 or more players will receive 10% off
- Teams or clubs sending 15 or more players will receive 15% off
- Sign-up for both weeks and receive \$50 off total cost
- Siblings receive \$50 off total cost

WHAT YOU NEED TO BRING

Outdoor shoes, shin guards, sunscreen, towels and water bottle.

*water will be provided

You may sign-up the day of the camp

For additional information or to sign-up please contact:
Josh Doody @ (650) 508-3638 or jdoody@ndnu.edu
<http://www.ndnu.edu/athletics/summer-camps.aspx>

In case of medical emergency or accidental injury concerning my child, I hereby authorize the camp officials to perform or obtain for the benefit of my child, any emergency medical care they deem necessary. In my absence, I further authorize the camp officials to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care concerning my child. I permit my child to enter the premises and participate in the NDNU Soccer Camps; in so doing, I hereby, for myself, my child or heirs and assignees, forever waive and release the operations and sponsors of said premises, camp activities, and equipment used therein, from claims and any liability for injuries sustained by my child and/or property damage, and I know the inherent risks involved with the game of soccer. I agree to accept those risks and to release and hold harmless all persons or entities associated with conduct and sponsorship of the soccer camp.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PLAYER'S NAME _____ T-SHIRT SIZE _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

HEALTH/MEDICAL INFORMATION

IF PLAYER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE NOTE: _____

PLEASE IDENTIFY ANY MEDICAL, PHYSICAL CONDITIONS, HISTORY OR MEDICATIONS THAT WOULD REQUIRE SPECIAL ATTENTION: _____

DATES: JUNE 22-26 **SESSION:** HALF-DAY (\$185) FULL-DAY (\$250) **SIBLINGS:** HALF-DAY (\$320) FULL-DAY (\$450)
(CONTACT LANCE THOMPSON IF MORE THAN TWO SIBLINGS)

PAYMENT INFORMATION:

METHOD OF PAYMENT: CREDIT/DEBIT CARD (PLEASE SPECIFY CARD TYPE) _____ CHECK MONEY ORDER

CREDIT CARD # _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON THE CARD (PLEASE PRINT) _____

Please make checks payable to **NDNU Athletics** and mail the bottom portion of this form to:
Josh Doody, NDNU Director of Athletics, 1500 Ralston Ave, Belmont, CA 94002