



**Four-Time Mountain
West Conference
Champs!**

2009 UNLV REBELS HIGH SCHOOL GIRLS SOCCER CAMP

2009 Summer Residential
Soccer Camp for Girls

July 16th-19th

Girls Ages 13-18

UNLV Main Campus Soccer
Fields

UNLV SOCCER
4505 MARYLAND PARKWAY
BOX 450024
LAS VEGAS NV 89154-0006

Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the UNLV Rebels High School Girls Soccer Camp being held at the University of Nevada Las Vegas, (collectively referred to as the "UNIVERSITY"), on the following dates: July 16-19, 2009.

In consideration for being allowed to participate in said activity, I hereby release waive and discharge the UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the University from any loss liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of the UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians and dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity.

Parent/ Guardian Signature _____

Date _____

Medical Information

Allergic Reactions: _____

Medications currently taking: _____

Check if known to have any of these conditions:

_____ Diabetes

_____ Epilepsy

_____ Hemophilia

_____ Heart Condition

Past illness or other information that would be useful in the event treatment is necessary: _____

2009 UNLV Rebels High School Girls Soccer Camp!

Camp Directors

Kat Mertz

Head Coach, UNLV Women's Soccer
 U20 Women's National Team Assistant Coach
 In her fourth season as UNLV Head Coach Mertz has lead the Rebels to three MWC Conference Titles and two NCAA tournament appearances. She was named the Mountain West Conference Coach of the Year for the success of UNLV in 2007. Coach Mertz was the Assistant Coach for the 2008 U-20 US National Team that won U-20 Women's World Cup in Chili this last December. She is also a member of the Region IV coaching staff.



Jen Klein

Asst. Coach, UNLV Women's Soccer
 Coach Klein's finished her second season with UNLV. Prior to joining the coaching staff at UNLV Coach Klein was a volunteer assistant coach at University of Arizona where she also played for four years. She holds a USSF C License and NSCAA Advanced National Diploma. She is also involved with the Nevada State ODP and Region IV programs.

Alan Cox

Asst. Coach, UNLV Women's Soccer
 This is Coach Cox's first season with UNLV. He is also the Youth Director for a local soccer club FC Las Vegas. Coach Cox holds an USSF C License.



Come Run with your
 Four Time Mountain West Conference
 Champions!

Camp Objective

This camp is designed to provide high quality training that will cover all aspects of the game; technical, tactical, psychological, and physical. Topics for the training sessions will include technical ball skills, 1v1 attacking and defending, small sided and full sided games with emphasis on team tactics, flank play, attacking in the final third, and finishing.

Camp Information

Dates: July 16th-19th, 2009
Location: UNLV Main Campus
Residence: On-campus dormitory with 24-hour supervision by camp staff. Roommates will be assigned randomly, unless requested.
Costs: \$ 350 Residential
 \$ 295Commuter
 **All campers will receive a camp t-shirt
Meal: All meals are provided by Campus Dining Services located near the dorms
 **Confirmation letter with further details will follow upon registration.
 **Discounts available for siblings and groups

Camp Schedule

Day 1:	Check-In	4:30 pm
	Dinner	5:00 pm
	Field Session	6:00-9:00 pm
Day 2/3:	Breakfast	
	Field Session	8:30-11:00 am
	Lunch	
	Weight Room/Video	1:30-4:430 pm
	Dinner	
	Field Session	6:00-9:00 pm
Day 4:	Breakfast	
	Field Session	8:30-11:00 am
	Check-Out	11:30am

Registration Form

Please return this registration form to :
UNLV WOMEN'S SOCCER
4505 MARYLAND PARKWAY, BOX 450024
LAS VEGAS NV 89154-0024
 **To pay with check, submit this form and a check payable to: UNLV Rebels Soccer Camp
 OR
 To pay with credit card & register online, visit the UNLV women's soccer homepage at
www.unlvrebelsoccercamps.com

Name (print clearly)

Age Position

Parent/Guardian

Address

City State Zip

Home Phone Mobile Phone

Email Address

Emergency Contact

Emergency Phone

\$ 350 Residential
 \$ 295Commuter

Refunds will be given only for cancellations made at least one week prior to the start of camp. There is a \$25 non-refundable administration fee for all cancellations.

Medical Information

A full-time medical trainer will be on duty to administer minor injuries and ailments. Registrations will not be processed without a completed medical consent form and a copy of medical insurance.

For more information, contact Jen Klein at 702-895-1943 or email at Jennifer.klein@unlv.edu