



# **UNLV 2009 Prospect Camp** **High School and Junior College Students** **February 7 – 8, 2009**

Come run with the rebels! UNLV'S Men's soccer coaching staff presents the 2009 Prospect Camp. Head Coach, Mario Sanchez and assistant coaches Chad Brown, Richard Ryerson, and Dan Schell will be conducting an elite soccer camp for prospects interested in playing soccer at the collegiate level.

*Conducted by the UNLV Men's Soccer Coaching Staff.*

Each athlete will receive a camp T-shirt and lunch on Saturday afternoon with their participation in the prospect Camp.

## **2009 Prospect Camp Information**

**Dates:** February 7-8, 2009

**Time:** Saturday 9am-11am, 2pm-4pm

Sunday 9am-11am

**Cost:** \$100

**Location:** UNLV Soccer Complex

**Maximum Registration:**

60 Field Players, 6 Goalkeepers

**Registration is limited to the first 60 field players and 6 Goalkeepers!**



To Register on-line go to:

**[www.unlvrebelsoccercamp.com](http://www.unlvrebelsoccercamp.com)**

Space is limited; please register early. For more information or to register, please visit us at [www.unlvrebelsoccercamp.com](http://www.unlvrebelsoccercamp.com) or mail in the registration form. For any other questions, contact Chad Brown (702) 895-1623 or Richard Ryerson at (702) 895-4175. Travel accommodation must be made by the participant and the medical information must be completed with each application.

**Medical Information**

Name \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Medication 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 that treatment is necessary: \_\_\_\_\_

\_\_\_\_\_

**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 Soccer Camp being held at the University of Nevada Las Vegas, (collectively referred to as the "UNIVERSITY"), February 7-8, 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.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

**Applications will not be processed without completed consent form.**

Mail Response to:  
**UNLV Rebels Soccer Camp**  
**4505 Maryland Parkway Box 450006**  
**Las Vegas, NV 89154-0006**

Return with payment in full.  
**\* Make checks payable to:**  
**UNLV Rebels Soccer Camp**

Name: _____	Age: _____
Parent/ Guardian _____	
Address _____	
City _____	ST _____ Zip _____
Home Phone _____	Mobile Phone _____
Email _____	
Emergency Contact _____	
Emergency Phone _____	
Position: _____	Grad Year: _____