



UNLV 2010 Prospect Camp **High School and Junior College Students** **January 30 & 31, 2010**

Come run with the Rebels! UNLV'S Men's soccer coaching staff presents the 2010 Prospect Camp. Head Coach, Mario Sanchez and assistant coaches Chad Brown, Dan Schell and Rich Ryerson 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.

2010 Prospect Camp Information

Dates: January 30 & 31, 2010

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**

Space is limited; please register early. For more information or to register, please visit us at www.unlvrebelsoccercamp.com or mail in the registration form. For any other questions, contact Chad Brown (702) 895-1623 or at chad.brown@unlv.edu 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"), January 30 & 31, 2010.

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: _____