



UNLV 2009 HOLIDAY SOCCER CAMP

Come run with the rebels! UNLV'S Men's and Women's soccer coaching staff presents the 2009 HOLIDAY CAMP. Camp Directors, Mario Sanchez (Men's Head Coach), Katherine Mertz (Women's Head Coach) and Technical Directors: Chad Brown, Dan Schell (Men's Assistant Coaches) and Jennifer Klein (Women's Assistant Coach) bring over 50 years of camp experience to UNLV'S Soccer Camps.



Camp topics:

Skill work
Passing
Receiving
Dribbling

Small sided attacking: 1v1, 2v2
Small sided defending: 1v1, 2v2
Individual attacking and Defending
Scrimmage, the end of every day
Developing the first touch



Listed above is just an idea of topics that will take place each day at camp. Individual skill work and team games will enhance the technical abilities of the player in a fun, competitive environment.

Each player will receive a free camp T-shirt with their participation in the Holiday Camp.

2009 Holiday Camp Information

Ages: 5-13

Dates: December 21-23

Location: UNLV

Time: 9am-12pm

Cost: \$100



Register on-line at:

www.unlvrebelsoccercamp.com

Families registering more than 1 child will receive a \$10 discount per child. Registration and release are on the back. Confirmation will follow, through email or mail. For more information or online registration go to www.unlvrebelsoccercamp.com Any other questions contact Jennifer Klein at (702) 895-1943 or email at Jennifer.klein@unlv.edu

Mail-in Registration on the next page

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"), December 21-23, 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 _____	Zip _____
Home Phone _____	Mobile Phone _____
Email _____	
Emergency Contact _____	
Emergency Phone _____	