

## **Important Information for the Academy Senior Camp**

- Check-in time for the Academy Senior Camp is between 1:00–3:00 pm on Monday, July 21<sup>st</sup>, 2008 at Colorado Mountain College, Spring Valley Campus, Glenwood Springs, CO. (please see enclosed directions)
- **Please make sure that you bring your Medical Consent form to check-in; Athletes will not be able to participate without SSA having this on file.**
- Checkout time for the Academy Senior Camp will be between 11:30-12:30pm on Saturday, July 26<sup>th</sup>, 2008 at C.M.C., Spring Valley Campus.
- A detailed camp schedule will be handed out at check-in. Parents are welcome to observe any training session or game.
- Contact information during the Senior Select Camp: The CMC dorm rooms do not have phones in the dorm rooms, however there are several pay phones. **At any time during the Senior Select Camp you can leave a non-emergency message for your son/daughter on the SSA Director Rob Bohlmann's cell phone 970.846.3270. If we do not answer directly please leave a message and we will be checking for messages regularly. If you have an emergency message please contact SSA Director Rob Bohlmann's cell phone at 970.846.3270. Also, may we recommend that you consider sending your son/daughter with a cell phone so that you can contact them directly? Please note: cell phone signals are very poor at the Spring Valley Colorado Mountain College Campus (Glenwood) so we may not always receive your call directly.**
- **In order to get the most out of soccer camp experience please make sure a report to camp with a respectable soccer fitness level. Also, make sure that your soccer cleats are sufficiently broken in! (New cleats cause blisters).**

**What To Bring Check List**  
**Steamboat Soccer Academy Select Camp**

- \_\_\_ Pillow; sleeping bag or bed linens
- \_\_\_ Alarm Clock
- \_\_\_ Towels
- \_\_\_ Toiletries
- \_\_\_ 5-6 sets of soccer training gear (recommended - white tops, black or dark shorts, and white soccer socks)
- \_\_\_ Shin Guards
- \_\_\_ Soccer Ball (please write your name on your ball with permanent marker)
- \_\_\_ Water bottle/jug
- \_\_\_ Warm-ups or training sweats
- \_\_\_ Rain or waterproof top
- \_\_\_ Equipment bag or backpack
- \_\_\_ Soccer boots (please make sure they are sufficiently broken in)
- \_\_\_ Training flats, running shoes, or sneakers
- \_\_\_ Old pair of tennis shoes
- \_\_\_ Casual clothes
- \_\_\_ Swimsuit
- \_\_\_ Sun block/sunscreen
- \_\_\_ High Energy snacks
- \_\_\_ Camera
- \_\_\_ Calling card/cell phone to check in with family
- \_\_\_ Notebook pad and pen
- \_\_\_ A great attitude and a smile

**Please tag or mark all your items with you name!!!**

Check in and Pick up Directions for  
SSA Academy Senior Camp

Directions to Gates Soccer Park Colorado Mountain College, Spring Valley Campus, Glenwood Springs: From Glenwood Springs travel 5 miles south on highway 82 towards Aspen. Turn east on County Road 114, at the mid Valley stoplight, and travel 3 miles, climbing upward through the Juniper forest, to the C.M.C. campus. As you approach the Campus take your first right into the dormitories. For specific directions from your departing location please go to [www.mapquest.com](http://www.mapquest.com)

Colorado Mountain College – Spring Valley Campus  
3000 County Road 114  
Glenwood Springs, CO 81601

Further Information:

[http://www.coloradomtn.edu/campus\\_rfc/springvalley/home.shtml](http://www.coloradomtn.edu/campus_rfc/springvalley/home.shtml)

<http://www.coloradomtn.edu/travel.shtml>

# Steamboat Soccer Academy Health & Consent to Treat Form

Please bring this form on the first day of camp. (You WILL NOT be admitted to camp without this completed form.)

Camp Session: \_\_\_\_\_

Camper: \_\_\_\_\_ DOB: \_\_\_\_\_ Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers:

Mom H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Mom email: \_\_\_\_\_ Dad: \_\_\_\_\_

Last season's team: \_\_\_\_\_ Age Group/Level: \_\_\_\_\_

Emergency Contact Info:

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact Numbers: (\_\_\_\_) \_\_\_\_\_

## HEALTH & GENERAL HISTORY

On the back of this sheet of paper, please answer the following questions, if applicable:

1. The camper should be restricted from any activity.
2. If the camper will be taking medication during camp, please indicate name of drug and dosage.
3. Identify any medical conditions or medical history that would require special attention.

I hereby certify that the named camper is physically able to participate in the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_, give permission for the named player to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I hereby waive and release the Steamboat Soccer Academy, its staff and employees, agents, management, coaches, and sponsors from any liability for any injury or illness incurred while participating in this camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF THESE ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at the camp. My medical insurance shall be the primary insurance coverage for any medical treatment needed. I further understand that the Steamboat Soccer Academy (SSA) retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp. I/we understand and acknowledge the risk upon entering events sponsored by SSA, I/we understand and appreciate that participation or observation of the sport constitutes a risk to me/ us of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release SSA, arena owners and/or lessees, their sponsors, event organizers and officials from any liability therefore.

Signed \_\_\_\_\_ Date: \_\_\_\_\_