

2008 FOOTHILLS SOCCER ACADEMY

Camper's Name _____ Age _____ Birthday _____

Address _____ City: _____ State _____ Zip: _____

First Emergency Contact: Name: _____ Home Phone: _____ Cell: _____

Second Emergency Contact: Name: _____ Home Phone: _____ Cell: _____

EMAIL ADDRESS: _____

T-Shirt Size S M L XL (circle) ADULT YOUTH PLEASE CIRCLE: Session 1 Session 2

I have fully read and agree to the terms of this Release and Authorization for Medical Care

Parent/ Guardian Signature: _____

SUBMIT FORM AND PAYMENT TO:

Lindsay Basalyga
207 Begley Building
Richmond, KY 40475

Lindsay Basalyga
207 Begley Building
Richmond, KY 40475

2008
Foothills Soccer
Academy
For Boys & Girls
@
Eastern Kentucky University
June 9th-13th
&
July 21st-25th



Foothills Soccer
Academy

2008 FOOTHILLS SOCCER ACADEMY

The Foothills Soccer Academy is focused on helping local players, of any skill level, develop their skills and knowledge of the game. The camp is built on the principles of fun, technique, tactics and a low player-to-coach ratio.

Technique and skill development will be done appropriate to the age and skill level of each player. Players will constantly have the ball at their feet for many repetitions and have many opportunities to achieve success.

Tactical learning of the game will be emphasized by using small-sided games and other match situations.

Our goal....see and play the game better while having FUN!!!

DIRECTOR & STAFF

DIRECTOR:

Lindsay Basalyga– *EKU Head Soccer Coach*

- ◇ USSF “B” Licensed Coach
- ◇ Assistant Soccer Coach: University of Toledo– 2001-2004
- ◇ University of Maryland soccer player: 1996-1999
- ◇ Holds Maryland record for most points and goals in an NCAA Tournament
- ◇ 4 year member of Region 2 ODP Regional team
- ◇ 3 time youth national camp participant

STAFF:

Deborah Benakis– *EKU Assistant Soccer Coach*

- ◇ USSF “C” Licensed Coach
- ◇ Graduate Assistant Coach: Northwest Missouri State– 2006-2007
- ◇ Iowa State soccer player: 2002-2006
- ◇ Started every game as collegiate player
- ◇ Illinois State team– 4 years
- ◇ Region 2 ODP Pool– 2 years

**Current EKU women’s players
&
Local college soccer players**

2008 FOOTHILLS SOCCER ACADEMY

Day Camp

Ages 8-14
Session 1: June 9-13
Session 2: July 21-25
9:00-3:00 pm Cost: \$165 per session

Micro Day Camp

Ages 5-7
Session 1: June 9-13
Session 2: July 21-25
9:00-11:30 am Cost: \$75 per session

Location: EKU VARSITY SOCCER FIELD

Discounts

**only one discount applies*

Register before May 23rd– Receive \$5 off single application
Second sibling receive \$10

Teams of 8 or more receive \$15 off each application (all applications must be received together and must be from the same age group)

Fee includes t-shirt and opportunity to win soccer prizes

TENATIVE DAILY SCHEDULE

9:00 am	Drop off
9:10	Group warm-up
9:30	Technical training (Dribbling, passing/receiving, shooting)
10:30	Demo and “moves of the day”
11:00	Games
11:30 am	Micro Camp pick up
12:00	Lunch
12:30	Swimming Pool (weather permitting)
1:15	Tactical training (1v1, 2v1, 3v2, 2v2)
2:00	Small sided games
3:00 pm	Day Camp pick up

WHAT TO BRING

- ◇ **Your own soccer ball**
- ◇ **Plenty of water**
- ◇ **Shinguards and proper outdoor shoes**
- ◇ **Appropriate soccer clothing**
- ◇ **Lunch for full day camp**
- ◇ **Swimming suit and towel**

Questions? Call Lindsay Basalyga
at 859-622-1245 or e-mail
lindsay.basalyga@eku.edu

* Eastern Kentucky University is not the owner or sponsor of this camp

2008 FOOTHILLS SOCCER ACADEMY

Release of Liability and Authorization for Medical Treatment

I hereby request that you accept this application for the Foothills Soccer Academy and allow my child _____, to participate in the Camp(s) during the dates set forth in this application and for which I have applied. I recognize that there are dangers, risks and possible injuries to child which are inherent in and may result from participation in Foothill Camp activities. In consideration of your acceptance of this application and allowing child to participate in the Camp(s), I hereby release Lindsay Basalyga and Foothills Soccer Academy, authorized Camp personnel, Eastern Kentucky University, including its regents and employees, from any liability, cost or damages should any injury or illness occur to my child while participating in the Camp(s) or which may in any way arise from or relate to the Camp(s), including serious injury or even death. I have instructed my child to obey all rules, regulations and instructions of the Foothills Soccer Academy, including all authorized Camp personnel, in an effort to help minimize such risk. My child is in good physical health and fitness to allow him to participate in the Foothills Soccer Academy.

In the event of possible injury, I give permission for the administration of emergency medical care to my child. I agree to be responsible for all cost which may be associated with medical care provided to my child. Below is the applicable and accurate medical and insurance information for my child:

Insurance Company: _____
Insurance Policy #: _____

Any and all restrictions, medical conditions, allergies or medications applicable to my child: _____

ADDITIONAL INFORMATION

- ◆ **PAYMENT:** Cash or check. Check should be made payable to **LB Soccer Camps**.
- ◆ **HEALTH/SAFETY:** Each participant must submit a Medical Release Waiver form signed by a parent or guardian and proof of insurance prior to participation. We will also have them available for a parent or guardian to sign prior to the clinics.
- ◆ **RULES & REGULATIONS:** All participants must abide by the rules and regulations of the **FOOTHILLS SOCCER ACADEMY**. Participants failing to comply will be dismissed from camp without refund.
- ◆ **CONFIRMATION:** A confirmation packet will be mailed following receipt of paid registration along with directions.
- ◆ **INCLEMENT WEATHER:** In case of poor weather, safety comes first. If we are unable to continue, the session will be cancelled. There will be no refunds or make-ups for cancelled sessions.
- ◆ **REFUND POLICY:** Refunds, minus a \$30 administration fee will be given 2 weeks prior to the start of camp. Within 2 weeks, refunds will only be given for medical reasons and verification from a physician will be required. **NO REFUNDS** after the start of camp.