Led by the Kalamazoo College Women’s Soccer staff, this one day camp offers prospective student athletes the opportunity to experience the technical, tactical, physical and psychological demands of soccer in a collegiate environment. Participants will have a chance to train under the direction of Kalamazoo coaches and will be provided with an opportunity to gain a stronger understanding of what is necessary to excel at the next level. Current and former players will also be in attendance to share their experiences as a student athlete.

Projected Schedule:
9:30 a.m. GK Check-In
10 a.m - 11 a.m. GK Training
10:30 a.m. Field Player Check-In
11 a.m. - 1 p.m. Field Player Training
1 p.m. - 2:30 p.m. Lunch/ Info Session
2:30 p.m. - 4:30 p.m. Full Sided Games
4:30 p.m. - 5 p.m. Camp Closing

Kalamazoo College is a highly selective, nationally renowned, and internationally oriented four-year college of arts and sciences. Kalamazoo College has developed a tradition of excellence in the fulfillment of this mission. Founded in 1833, K College is among the 100 oldest colleges and universities in the nation.

Cost: $65/camp, includes a camp T-shirt and lunch

Equipment: Players need to bring, a ball, cleats, shinguards, and water. The playing surface utilized for camp is artificial turf.

Registration: Online: https://www.kzoo.edu/sports/camps/
Mail In: Please complete the forms found below.

Once a registration is received confirmation will be sent via e-mail.
2019 HORNET SOCCER CAMPS REGISTRATION FORM

Camper’s Name ____________________________ Age (as of Sep. 1, 2019) ____________________________

School/Club Team _________________________________________________________________________

Address _______________________________________________________________________________________

City State Zip Code ________________________________________________________________________________

Parent/Guardian Cell Phone I Cell Phone II Work/Home Phone _______________________________________________________________________________________

Parents’ E-mail Address Please Use All Capitals and Write Legibly (This will be our main form of communication with you)

T-Shirt Size: (Circle) AS AM AL AXL

Camp (Please Check All That Apply)

☐ Kalamazoo College Women’s Soccer Prospect Camp July 29th (9th-12th Grade Girls) $65

Preferred Position: _____________________________________________________________________________

Release Statement

Name of Camp Participant: ________________________________________________________________________

The child named above has my permission to participate in the Kalamazoo College Hornet Soccer Academy. I understand that camp participation may involve significant physical activity, which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child’s participation and release Kalamazoo College, its employees, agents, officers, and volunteers from all liability, claims, expenses and actions, which may arise from injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize Kalamazoo College to designate a physician, hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Kalamazoo College from any liability for injury or harm to the child, which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signature of Parent or Guardian: __________________________________________________________________

Make Check Payable To: Kalamazoo College Women’s Soccer Camp

Mail Registration Form To:

Bryan Goyings
Head Women’s Soccer Coach
Kalamazoo College Women’s Soccer
1200 Academy St. Kalamazoo, MI 49006
2019 HORNET SOCCER CAMPS REGISTRATION
MEDICAL INFORMATION FORM

Contact Information:

Camper’s Name __________________________________________________________________________________

Home Address ___________________________________________________________ E-mail ______________________

Father Mother

Home Phone Number (H) _____________________ (H) _____________________

Work Phone Number (W) _____________________ (W) _____________________

Cell Phone Number (C) _____________________ (C) _____________________

If not available in an emergency, please notify:

Name________________________________ Phone__________________ Relationship____________________

Insurance Information:

Insurance Company _______________________________________ Policy # _________________________________

Policyholder’s Name (Mother/Father) ___________________________________________________________

Medical Information:

Medications presently taking: Prescription__________________________ Nonprescription________________________

I give my child permission to self-administer their prescription medication (circle): Y N Initial __________

I give my child permission to self-administer their nonprescription medication (circle): Y N Initial __________

My child is aware that he/she may NOT share any medication with other campers. Camper Signature: __________________________

Drug Sensitivities/Allergies: (circle if severe) __________________________________________________________

Epi-pen: Does your child require an Epi-pen to treat an allergy? Y N

If yes, please speak with the Athletic Trainer at registration.

Asthma: Does your child use an inhaler for asthma? Y N

If yes, my child has been instructed to carry their inhaler to ALL camp activities. Initial __________

Tetanus: Date of last tetanus vaccination _____ / _____ / _____

Pre-existing Conditions:

Does your child have any injuries or conditions that presently exist that would limit him/her from camp activities?

Y N If yes, describe______________________________________________________________________________

Has your child had any sports or orthopedic (muscle, joint, etc.) injury within the past year?

Y N If yes, describe______________________________________________________________________________

Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc.)?

Y N If yes, describe______________________________________________________________________________

I affirm that the above statements are true and that no known medical conditions have been purposefully omitted from this form.

Signed____________________________________________________________ Date_____ / _____ / _____

Parent or Guardian