2017 Dynasty Winter Camp

January 14-15th, 2017
Saint Mary's School - Raleigh, NC

DETAILS

- The camp will be run by Dynasty Goalkeeping owner **TRACY NOONAN.** www.dynastygoalkeeping.com
- Open to MALE & FEMALE goalkeepers ages 10-14.
- **SMALL GROUPS = PLENTY OF REPS!** The camp will be limited to a maximum of 15 students.
- 2-3 staff coaches depending on enrollment to ensure a 5:1 player to coach ratio.
- Each student will receive a Dynasty Goalkeeping T-Shirt (or Dynasty calf socks based on availability).
- Cost is $400 for Young GK Camp (4 sessions and 2 lectures).
- Lunch is NOT provided.

FIELD LOCATION – Saint Mary's School, Raleigh, NC
https://www.sms.edu/about-us/visitor-center/campus-map

SCHEDULE (tentative)

Saturday, January 14th

10a – 12p	Session 1	TOPIC: Handling & Technical Breakaways
12:30 - 1p	LUNCH	*Students bring their own lunch & we will eat at onsite classroom
1 - 2p	Lecture	TOPIC: Positioning & Communication
2:30 – 4:30p	Session 2	TOPIC: Functional Breakaways & Small Sided Games

Sunday, January 15th

10a – 12p	Session 3	TOPIC: Diving & High Balls/Crosses
12:30 - 1p	LUNCH	*Students bring their own lunch & we will eat at onsite classroom
1 - 2p	Lecture	TOPIC: Nutrition
2:30 – 4:30p	Session 4	TOPIC: 3 Goal Situation, Kicking & Small Sided Games

CAMP CANCELLATION

A minimum of 10 students will be required to host the camp. If the camp is cancelled due to low enrollment all money will be refunded.

INCLEMENT WEATHER POLICY

In the event of severe weather that would impact the entire weekend, every effort will be made to relocate the camp to a local indoor facility. If arrangements cannot be made at an indoor facility, camp will be rescheduled for January 21 - 22th, 2017. No refunds will be given if a student cannot attend on the inclement weather back-up date, so please plan accordingly.

2017 Dynasty Winter Camp

January 14 & 15th, 2017
Raleigh, NC

Student's Name _____ Male/Female (circle one)

Date of Birth _____ Age _____ Year of Graduation _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

E-Mail Address _____

Parent / Guardian _____

Club Team _____ ODP Level _____

FREE Camp T-shirt (circle one) S M L XL (unisex sizes)
(or Dynasty socks based on availability)

Payment

❑ Young GK Camp - $400

*Please contact Tracy Noonan for questions:
919-942-2903 or 919-225-8154 (during camp)
tnoonan@dynastygoalkeeping.com

Please make check payable to "Dynasty Goalkeeping".

Release

Dynasty Goalkeeping LLC is a privately run sports camp, and is not operated by or through Saint Mary's School. Dynasty Goalkeeping LLC is neither sponsored, controlled, nor supervised by Saint Mary's School, but rather is under the sole sponsorship, control, and supervision of the Dynasty Goalkeeping LLC Director. I, the undersigned, hereby acknowledge and understand that all pictures or videos taken at camp may be used at the discretion of Dynasty Goalkeeping LLC, and that Dynasty Goalkeeping LLC is not responsible for personal items that are lost, stolen or damaged. I, the undersigned, for myself, my heirs, executors and administrators, waive, release and forever discharge Dynasty Goalkeeping LLC and its owner, Tracy Noonan, staff, coaches, employees, and agents as well as Saint Mary's School and its staff, officers, agents, employees, representatives, successors, and assigns, (collectively the "Released Parties"), from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage including that arising out of or relating to the negligence of the Released Parties as identified above that may be sustained or occur during participation in Dynasty Goalkeeping LLC activities or while at Dynasty Goalkeeping camp. I, the undersigned, understand, accept, and agree to the Dynasty Goalkeeping cancellation policy.

SIGNATURE _____ **DATE** _____
(Parent or Guardian)

Cancellation Policy

No refunds will be issued for voluntary withdrawal from camp. This includes club and ODP conflicts such as tournaments, so please carefully review your soccer calendar and consult your coaches for permission prior to registering for camp. Any medical cancellations will result in a one year credit that can be used towards any Dynasty Camp or clinic. All medical cancellations must be received in writing prior to the start of camp and include a written statement from a physician. No refunds will be given for time missed from camp due to injuries sustained during camp. Students still have the opportunity to observe and learn if their injury prohibits participation. We reserve the right to handle all refunds on an individual basis.

Mail applications to: Dynasty Goalkeeping
P.O. Box 595
Carrboro, NC 27510

You will receive a Confirmation Email upon receipt of a completed application and payment.

File	Dep. Amt.	Date Rec.	Check #	Conf. Sent	Bal. Amt..	Date Rec.	Check #	Conf. Sent

Medical Release Form

NAME _____ **SEX** _____ **AGE** _____ **DATE OF BIRTH** _____

ADDRESS _____ **YEAR OF GRADUATION** _____

PERSONAL PHYSICIAN & PHONE_____

IN CASE OF EMERGENCY CONTACT: NAME _____ **RELATIONSHIP** _____

PHONE (H) _____ **(W)** _____ **(C)** _____

EXPLAIN "YES" ANSWERS BELOW AND CIRCLE QUESTIONS YOU DO NOT KNOW THE ANSWERS TO.

	YES	NO
1. Have you had a medical illness or injury since your last checkup or sports physical?	❑	❑
2. Have you ever been hospitalized overnight?	❑	❑
a. Have you ever had surgery?	❑	❑
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	❑	❑
a. Have you ever taken any supplements or vitamins to help you gain or lose weight to improve your performance?	❑	❑
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	❑	❑
5. Have you ever passed out during or after exercise?	❑	❑
a. Have you ever been dizzy during or after exercise?	❑	❑
b. Have you ever had chest pain during or after exercise?	❑	❑
c. Do you get tired more quickly than your friends do during exercise?	❑	❑
d. Have you ever had racing of your heart or skipped heartbeats?	❑	❑
e. Have you had high blood pressure or high cholesterol?	❑	❑
f. Have you ever been told you have a heart murmur?	❑	❑
g. Has any family member or relative died of heart problems or of sudden death syndrome before age 50?	❑	❑
h. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	❑	❑
i. Has a physician ever denied or restricted your participation in sports for any heart problems?	❑	❑
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	❑	❑
7. Have you ever had a head injury or concussion?	❑	❑
a. Have you ever been knocked out, become unconscious or lost your memory?	❑	❑
b. Have you ever had a seizure?	❑	❑
c. Do you have frequent or severe headaches?	❑	❑
d. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	❑	❑
e. Have you ever had a stinger, burner, or pinched nerve?	❑	❑
8. Have you ever become ill from exercising in the heat?	❑	❑
9. Do you cough, wheeze or have trouble breathing during or after activity?	❑	❑
a. Do you have asthma?	❑	❑
b. Do you have seasonal allergies that require medical treatment?	❑	❑
10. Do you use any special protective or corrective equipment or devices that aren't normally used for your sport or position (for example, knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	❑	❑
11. Have you had any problems with your eyes or vision?	❑	❑
a. Do you wear glasses, contacts, or protective eyewear?	❑	❑
12. Have you ever had a sprain, strain, or swelling after injury?	❑	❑
a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	❑	❑

If yes, check appropriate box and explain below:

Head	❑	Elbow	❑	Hip	❑
Neck	❑	Forearm	❑	Thigh	❑
Back	❑	Wrist	❑	Knee	❑
Chest	❑	Hand	❑	Shin/calf	❑
Shoulder	❑	Finger	❑	Ankle	❑
Upper Arm	❑	Foot	❑		

13. Record the dates of your most recent immunization shots for:

Tetanus_____ Measles _____

Hepatitis B _____ Chicken Pox _____

14. **CURRENT** Health Insurance information:

Company: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

PLEASE ENCLOSE A COPY OF THE FRONT & BACK OF YOUR CURRENT MEDICAL CARD. This is necessary for treatment at the Urgent Care Center. Also, should you change providers between now and the start of camp please mail us the updated information. Thank you!

EXPLAIN "YES" ANSWERS HERE (or back if more space is needed)**:**

_____

_____

_____

CONSENT TO TREAT:

All students must have their own medical coverage. Dynasty Goalkeeping LLC provides only excess coverage after your insurance policy has been utilized. Students will not be allowed to play unless the following is signed by the parent or guardian of the student. I, the undersigned, hereby certify that I am the parent or legal guardian of the student. I hereby give permission for the staff of Dynasty Goalkeeping LLC to seek, during the period of the camp, appropriate medical attention for the student in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by Dynasty Goalkeeping LLC's excess medical coverage policy.

I attest that my child has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at their high school or at our home.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

SIGNATURE OF ATHLETE

_____Date:_____

SIGNATURE OF PARENT/GUARDIAN

_____Date:_____