

2017 Dynasty Winter Camp

March 4 & 5th, 2017 Golden Eagle Sports Complex - Sparks, NV

DETAILS

- ♦ The camp will be run by Dynasty Goalkeeping owner TRACY NOONAN. www.dynastygoalkeeping.com
- ♦ SMALL GROUPS = PLENTY OF REPS! The camp will be limited to a maximum of 12 students per level.
- 2 levels: Young GK Clinic for less experienced goalkeepers & Elite GK Camp for advanced goalkeepers ages 14 and older.
- Open to MALE & FEMALE goalkeepers
- Afternoon training sessions will incorporate field players to replicate game environments when possible.
- Each student will receive a Dynasty Goalkeeping T-Shirt (or Dynasty calf socks based on availability).
- Cost is \$175 for Young GK Clinic (2 sessions) and \$400 for Elite GK Camp (4 sessions and 2 lectures).
- Lunch is NOT provided.

FIELD LOCATION - Golden Eagle Sports Complex, Sparks, NV

http://cityofsparks.us/residents/parks-and-facilities/sports-complex-golden-eagle-regional-park

SCHEDULE (tentative)

Saturday, 1	March 4 th	L
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9 - 11a	Young GK Clinic – Session 1	TOPIC: Handling & Breakaways
11a - 1p	Elite GK Camp – Session 1	TOPIC: Handling & Technical Breakaways
1 - 2p	LUNCH	*Students bring their own lunch & we will eat at onsite meeting room
2 - 3p	Lecture	TOPIC: Positioning & Communication
3:30 - 6p	Elite GK Camp – Session 2	TOPIC: Functional Breakaways & 4v4 Games
Sunday, March 5th 9 - 11a 11a - 1p	Young GK Clinic – Session 2 Elite GK Camp – Session 3	TOPIC: Diving & High Balls/Crosses TOPIC: Crosses, Back to the Bar & 3 Goal Situation
1 - 2p	LUNCH	*Students bring their own lunch & we will eat at onsite meeting room
2 - 3p	Lecture	TOPIC: Nutrition & College Preparation
3:30 - 6p	Elite GK Camp – Session 4	TOPIC: Kicking & 4v4 Games

CAMP CANCELLATION POLICY

A minimum of 8 students per level will be required to host the camp. If the camp is cancelled due to low enrollment all money will be refunded. In the event of severe weather, every effort will be made to relocate the camp to a local indoor facility. If arrangements cannot be made at an indoor facility, efforts will be made to reschedule the camp March 11 - 12th, 2017. If we are unable to reschedule, credit for a future Dynasty camp will be offered. Refunds will be given if no other arrangements are agreeable to the registrant.



Student's Name

2017 Dynasty Winter Camp March 4 & 5th, 2017

Sparks, NV

Date of Birth	Age	Year of Graduation
Address		
City		
		(C)
E-Mail Address		
Parent / Guardian		
Club Team	OD:	P Level

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

Payment

- Young GK Clinic \$175
- ☐ Elite GK Camp \$400

*Please contact Tracy Noonan for questions: 919-942-2903 (prior to Feb. 28th) or 919-225-8154 (after Feb. 28th) tnoonan@dynastygoalkeeping.com

Please make check payable to "Dynasty Goalkeeping".

Male/Female (circle one)

Dynasty Goalkeeping LLC is a privately run sports camp, and is not operated by or through Golden Eagle Sports Complex/City of Parks Parks & Rec. Dynasty Goalkeeping LLC is neither sponsored, controlled, nor supervised by Golden Eagle Sports Complex/City of Parks Parks & Rec, 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 Golden Eagle Sports Complex/City of Parks Parks & Rec 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. 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.	Date	Check	Conf.	Bal.	Date	Check	Conf.
	Amt.	Rec.	#	Sent	Amt	Rec.	#	Sent



Medical Release Form

NAME			SEXAGEDATE 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 QUE	STIONS		13. Record the dates of your most recent immunization shots for:
YOU DO NOT KNOW THE ANSWERS TO.	YES	NO	Tetanus Measles
1. Have you had a medical illness or injury since your	1123	NO	
last checkup or sports physical?			Hepatitis B Chicken Pox
2. Have you ever been hospitalized overnight?			14. CURRENT Health Insurance information:
a. Have you ever had surgery?			14. CURRENT Health insurance information:
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			Company:
you gain or lose weight to improve your performance?			Policy Holder's Name:
4. Do you have any allergies (for example, to pollen,			DI HILLDA CD'A
medicine, food, or stinging insects)?			Policy Holder's Date of Birth:
5. Have you ever passed out during or after exercise?			PLEASE ENCLOSE A COPY OF THE FRONT & BACK OF YOUR
a. Have you ever been dizzy during or after exercise?			CURRENT MEDICAL CARD. This is necessary for treatment at the
b. Have you ever had chest pain during or after exercise?			Urgent Care Center. Also, should you change providers between now and
c. Do you get tired more quickly than your friends do during exercise?			the start of camp please mail us the updated information. Thank you!
d. Have you ever had racing of your heart or	_	J	
skipped heartbeats?			EXPLAIN "YES" ANSWERS HERE (or back if more space is needed):
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		_	CONSENT TO TREAT:
in sports for any heart problems?			
6. Do you have any current skin problems (for example,			All students must have their own medical coverage.
itching, rashes, acne, warts, fungus or blisters)?			Dynasty Goalkeeping LLC provides only excess coverage
7. Have you ever had a head injury or concussion?			after your insurance policy has been utilized. Students will
a. Have you ever been knocked out, become unconscious			not be allowed to play unless the following is signed by the
or lost your memory? b. Have you ever had a seizure?			parent or guardian of the student. I, the undersigned,
c. Do you have frequent or severe headaches?			hereby certify that I am the parent or legal guardian of the
d. Have you ever had numbness or tingling in your arms,			student. I hereby give permission for the staff of Dynasty
hands, legs, or feet?			Goalkeeping LLC to seek, during the period of the camp,
e. Have you ever had a stinger, burner, or pinched nerve?			appropriate medical attention for the student in the event of
8. Have you ever become ill from exercising in the heat?			accident, injury, or illness. I will be responsible for any
9. Do you cough, wheeze or have trouble breathing during or after activity?			
a. Do you have asthma?			and all costs of medical attention and treatment, except for
b. Do you have seasonal allergies that require medical	_	_	that covered by Dynasty Goalkeeping LLC's excess medical
treatment?			coverage policy.
10. Do you use any special protective or corrective equipment or			I attest that my child has had a physical examination in
devices that aren't normally used for your sport or position			the past 12 months and has been cleared to participate in
(for example, knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?			athletic activities without any restrictions. This physical is
11. Have you had any problems with your eyes or vision?			
a. Do you wear glasses, contacts, or protective eyewear?			on file at their high school or at our home.
12. Have you ever had a sprain, strain, or swelling after injury?			I hereby state that, to the best of my knowledge, my
a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?			answers to the above questions are complete and correct.
If yes, check appropriate box and explain below:			SIGNATURE OF ATHLETE
Head Elbow Hip			Date:
Neck Forearm Thigh			
Back Wrist Knee			
Chest			SIGNATURE OF PARENT/GUARDIAN
Upper Arm Finger Ankle Upper Arm Finger Ankle			Date: