



2018 Dynasty Winter Camp

March 3 & 4th, 2018

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 \$425 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, March 3rd

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 4th

9 - 11a	Young GK Clinic – Session 2	TOPIC: Diving & High Balls/Crosses
11a - 1p	Elite GK Camp – Session 3	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, but keep in mind we have trained in snow before! If arrangements cannot be made at an indoor facility, efforts will be made to reschedule the camp March 10 - 11th, 2018. 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.



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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever taken any supplements or vitamins to help you gain or lose weight to improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Has any family member or relative died of heart problems or of sudden death syndrome before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever been knocked out, become unconscious or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you cough, wheeze or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, check appropriate box and explain below:

- | | | | | | |
|-----------|--------------------------|---------|--------------------------|-----------|--------------------------|
| Head | <input type="checkbox"/> | Elbow | <input type="checkbox"/> | Hip | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | Forearm | <input type="checkbox"/> | Thigh | <input type="checkbox"/> |
| Back | <input type="checkbox"/> | Wrist | <input type="checkbox"/> | Knee | <input type="checkbox"/> |
| Chest | <input type="checkbox"/> | Hand | <input type="checkbox"/> | Shin/calf | <input type="checkbox"/> |
| Shoulder | <input type="checkbox"/> | Finger | <input type="checkbox"/> | Ankle | <input type="checkbox"/> |
| Upper Arm | <input type="checkbox"/> | Foot | <input type="checkbox"/> | | |

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: _____