



# 2019 Dynasty Winter Camp

January 19 – 20<sup>th</sup>, 2019

Georgia Gwinnett College, Lawrenceville, GA

## DETAILS

- ◆ The camp will be run by Dynasty Goalkeeping owner **TRACY NOONAN**. [www.dynastygoalkeeping.com](http://www.dynastygoalkeeping.com)
- ◆ Tracy will be assisted by two staff coaches (TBD).
- ◆ **SMALL GROUPS = PLENTY OF REPS!** The camp will be limited to a maximum of 15 students.
- ◆ Elite GK Camp for advanced goalkeepers ages 13 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 socks (if repeat student).
- ◆ Cost is \$450 for Elite GK Camp (4 sessions and 2 lectures).
- ◆ Lunch is **NOT** provided.

**FIELD LOCATION** – Georgia Gwinnett College, Lawrenceville, GA

<http://www.grizzlyathletics.com/f/SoccerComplex.php>

**SCHEDULE** (Session times are tentative! Times may change based on field availability.)

### Saturday, January 19<sup>th</sup>

10:30a – 1p	Elite GK Camp – Session 1	TOPIC: Handling & Technical Breakaways
1:30 – 2p	LUNCH	*Students bring their own lunch to eat at the field lecture site
2 – 3p	Lecture	TOPIC: College Preparation
3:30 – 6p	Elite GK Camp – Session 2	TOPIC: Functional Breakaways & 4v4 Games

### Sunday, January 20<sup>th</sup>

10:30a – 12:30p	Elite GK Camp – Session 3	TOPIC: Crosses, Back to the Bar & 3 Goal Situation
1 – 1:30p	LUNCH	*Students bring their own lunch to eat at the field lecture site
1:30 – 2:30p	Lecture	TOPIC: Positioning & Communication
3 – 5p	Elite GK Camp – Session 4	TOPIC: Crosses, Boxing, Kicking & Games

## CAMP CANCELLATION POLICY

A minimum of 10 students will be required to host the camp. Payments will not be processed until we have our minimum number and if the camp is cancelled due to low enrollment all money will be refunded. Georgia Gwinnett College is field turf, so weather should not be an issue. We will train in rain/snow/cold, so dress appropriately. If conditions are such that we cannot train efforts will be made to reschedule the camp. 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.



# 2019 Dynasty Winter Camp

## January 19-20<sup>th</sup>, 2019

### Georgia Gwinnett College, Lawrenceville, GA

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)

### Release

Dynasty Goalkeeping LLC is a privately run sports camp, and is not operated by or through Georgia Gwinnett College. Dynasty Goalkeeping LLC is neither sponsored, controlled, nor supervised by Georgia Gwinnett College, 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 Georgia Gwinnett College 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, but not limited to 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 & ODP conflicts such as tournaments, so carefully review your soccer calendar and consult your coaches for permission prior to registering for camp. Any medical cancellations received prior to 7 days before the start of camp 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

### Payment

Elite GK Camp - \$450

\*Please call Tracy Noonan for questions regarding camp:  
919-942-2903 or 919-225-8154

\*For directions please visit:  
<http://www.grizzlyathletics.com/f/SoccerComplex.php>

Please make check payable to "Dynasty Goalkeeping".



# 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: \_\_\_\_\_