

February 28th & March 1st, 2015 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.
- Cost is \$150 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://citvofsparks.us/residents/parks-and-facilities/sports-complex-golden-eagle-regional-park

SCHEDULE (tentative)

Saturday, February 28th

8 - 10a	Young GK Clinic – Session 1	TOPIC: Handling & Breakaways
10a - 12p	Elite GK Camp – Session 1	TOPIC: Handling & Technical Breakaways
12 - 1p	LUNCH	*Students bring their own lunch to eat on site as a group
1 - 2p	Lecture	TOPIC: Positioning & Communication
2:30 – 5p	Elite GK Camp – Session 2	TOPIC: Functional Breakaways & 4v4 Games
ınday, March 1 st		

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8 - 10a Young GK Clinic – Session 2 10a - 12p Elite GK Camp – Session 3		TOPIC: Diving & High Balls/Crosses TOPIC: Crosses, Back to the Bar & 3 Goal Situation			
12 - 1p 1 - 2p	LUNCH Lecture	*Students bring their own lunch to eat on site as a group TOPIC: Nutrition & College Preparation			
2:30 – 5p	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 7 - 8th, 2015. 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.



2015 Dynasty Winter Camp February 28th & March 1st, 2015

Sparks, NV

Student's Name		Male/Female (circle on
Date of Birth	Age	Year of Graduation
Address		
City		
Phone (H)	(W)	(C)
E-Mail Address		
Parent / Guardian		
Club Team	OD	P Level

FREE Camp T-shirt (circle one) XL (men's sizes) (or Dynasty Sack Pack based on availability)

Payment
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- ☐ Young GK Clinic \$150
- ☐ Elite GK Camp \$400

*Please contact Tracy Noonan for questions: 919-942-2903 (prior to Feb. 23rd) or 919-225-8154 (after Feb. 23rd) tnoonan@dynastygoalkeeping.com

Please make check payable to "Dynasty Goalkeeping".

Release

I, the undersigned, hereby acknowledge and understand that the Dynasty Goalkeeping Academy is a privately run sports camp, and is not operated by or through Golden Eagle Sports Complex. The Dynasty Goalkeeping Academy is neither sponsored, controlled, nor supervised by Golden Eagle Sports Complex but rather is under the sole sponsorship, control, and supervision of the Dynasty Goalkeeping Academy 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 Academy, and that Dynasty Goalkeeping Academy 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 Academy and its owner, Tracy Noonan, staff, coaches, employees, and agents as well as Golden Eagle Sports Complex 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 damase 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 Academy activities or while at Dynasty Goalkeeping Academy. I, the undersigned, understand and accept the Dynasty Goalkeeping Academy 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

			SEXAGEDATE OF BIRTH
			YEAR OF GRADUATION
PERSONAL PHYSICIAN & PHONE			
			RELATIONSHIP
PHONE (H)			(W)(C)
EXPLAIN "YES" ANSWERS BELOW AND CIRCLE QUE	STIONS	5	13. Record the dates of your most recent immunization shots for:
YOU DO NOT KNOW THE ANSWERS TO.	T/TOG	NO	T
1. Have you had a medical illness or injury since your	YES	NO	Tetanus Measles
last checkup or sports physical?			Hepatitis B Chicken Pox
2. Have you ever been hospitalized overnight?			
a. Have you ever had surgery?			14. <u>CURRENT</u> Health Insurance information:
3. Are you currently taking any prescription or nonprescription			Company:
(over-the-counter) medications or pills or using an inhaler?			Company.
a. Have you ever taken any supplements or vitamins to help you gain or lose weight to improve your performance?			Policy Holder's Name:
4. Do you have any allergies (for example, to pollen,	_	_	
medicine, food, or stinging insects)?			Policy Holder's Date of Birth:
5. Have you ever passed out during or after exercise?			DI EAGE ENCLOSE A CODY OF THE EDON'T & DACK OF VOLD
a. Have you ever been dizzy during or after exercise?			PLEASE ENCLOSE A COPY OF THE FRONT & BACK OF YOUR
b. Have you ever had chest pain during or after exercise?			CURRENT MEDICAL CARD. This is necessary for treatment at the Urgent Care Center. Also, should you change providers between now and
c. Do you get tired more quickly than your friends do	_		the start of camp please mail us the updated information. Thank you!
during exercise?			the start of camp please man us the updated information. Thank you:
d. Have you ever had racing of your heart or			
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?			CONCENT TO THE I
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 Academy provides only excess
7. Have you ever had a head injury or concussion?			coverage after your insurance policy has been utilized.
a. Have you ever been knocked out, become unconscious			Students will not be allowed to play unless the following is
or lost your memory? b. Have you ever had a seizure?			signed by the parent or guardian of the student. I, the
c. Do you have frequent or severe headaches?			undersigned, hereby certify that I am the parent or legal
d. Have you ever had numbness or tingling in your arms,	_	_	
hands, legs, or feet?			guardian of the student. I hereby give permission for the
e. Have you ever had a stinger, burner, or pinched nerve?			staff of Dynasty Goalkeeping Academy to seek, during the
8. Have you ever become ill from exercising in the heat?			period of the Academy, appropriate medical attention for
9. Do you cough, wheeze or have trouble breathing during or			the student in the event of accident, injury, or illness. I will
after activity?			be responsible for any and all costs of medical attention
a. Do you have asthma?			and treatment, except for that covered by Dynasty
b. Do you have seasonal allergies that require medical			Goalkeeping Academy's excess medical coverage policy.
treatment?			Gouinceping Mediciny 5 excess medical 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?			on file at their high school or at our home.
a. Do you wear glasses, contacts, or protective eyewear?			
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.
·			SIGNATURE OF ATHLETE
If yes, check appropriate box and explain below:			· · · · · · · · · · · · · · · · · · ·
Head Elbow Hip			Date:
Neck Forearm Thigh			
Back Wrist Knee			
Chest Hand Shin/calf Shin/calf			SIGNATURE OF PARENT/GUARDIAN
Shoulder Finger Ankle			D .
Upper Arm Foot			Date: