

Dynasty Winter Camp 2018

March 3 & 4<sup>th</sup>, 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 <u>maximum</u> 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 3<sup>rd</sup>

| 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   |
| <b>Sunday, March 4<sup>th</sup></b><br>9 - 11a<br>11a - 1p | Young GK Clinic – Session 2<br>Elite GK Camp – Session 3 | TOPIC: Diving & High Balls/Crosses<br>TOPIC: Crosses, Back to the Bar & 3 Goal Situation |
| 1 - 2p   | LUNCH  | * <mark>Students bring their own lunch &amp; we will eat at onsite meeting room</mark>   |
| 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  $10 - 11^{th}$ , 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.

| 2018 Dynasty Winter Camp         |
|----------------------------------|
| March 3 & 4 <sup>th</sup> , 2018 |
| Sparks, NV                       |

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

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

Payment

Young GK Clinic - \$175Elite GK Camp - \$425

\*Please contact Tracy Noonan for questions: 919-942-2903 (prior to Feb. 26<sup>th</sup>) or 919-225-8154 (after Feb. 26<sup>th</sup>) 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 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 & 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 (Parent or Guardian)

\_DATE

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  |        |    |   |  |  |  |
|--|--------|----|---|--|--|--|
| (C   |        |    | SEX AGE DATE OF BIRTH   |  |  |  |
|  |        |    |   |  |  |  |
|  |        |    |   |  |  |  |
|  |        |    | RELATIONSHIP  |  |  |  |
|  |        |    |   |  |  |  |
| PHONE (H)  |        |    | (W)(C)  |  |  |  |
| EXPLAIN "YES" ANSWERS BELOW AND CIRCLE QUES  | STIONS | 5  | 13. Record the dates of your most recent immunization shots for:  |  |  |  |
| YOU DO NOT KNOW THE ANSWERS TO.  |        |    |   |  |  |  |
| 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 (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,  |        |    | Policy Holder's Date of Birth:  |  |  |  |
| medicine, food, or stinging insects)?  |        |    |   |  |  |  |
| 5. Have you ever passed out during or after exercise?<br>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?  |        |    | <b>CURRENT MEDICAL CARD.</b> This is necessary for treatment at the   |  |  |  |
| c. Do you get tired more quickly than your friends do  | _      | _  | Urgent Care Center. Also, should you change providers between now and<br>the start of camp please mail us the updated information. Thank you! |  |  |  |
| during exercise?   |        |    | the start of camp please mail as the updated mornation. Thank you.  |  |  |  |
| d. Have you ever had racing of your heart or   |        |    | EXPLAIN "YES" ANSWERS HERE (or back if more space is needed):   |  |  |  |
| skipped heartbeats?<br>e. Have you had high blood pressure or high cholesterol?  |        |    | (   |  |  |  |
| f. Have you ever been told you have a heart murmur?  | ā      |    |   |  |  |  |
| 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?<br>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?<br>a. Have you ever been knocked out, become unconscious   |        |    | after your insurance policy has been utilized. Students will  |  |  |  |
| or lost your memory?   |        |    | not be allowed to play unless the following is signed by the  |  |  |  |
| 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?<br>8. Have you ever become ill from exercising in the heat?  |        |    | appropriate medical attention for the student in the event of   |  |  |  |
| 9. Do you cough, wheeze or have trouble breathing during or  | _      | _  | accident, injury, or illness. I will be responsible for any   |  |  |  |
| after activity?  |        |    | and all costs of medical attention and treatment, except for  |  |  |  |
| a. Do you have asthma?   |        |    | that covered by Dynasty Goalkeeping LLC's excess medical  |  |  |  |
| b. Do you have seasonal allergies that require medical treatment?  |        |    | coverage policy.  |  |  |  |
| 10. Do you use any special protective or corrective equipment or   |        |    |   |  |  |  |
| devices that aren't normally used for your sport or position   |        |    | I attest that my child has had a physical examination in  |  |  |  |
| (for example, knee braces, special neck roll, foot orthotics,  |        |    | the past 12 months and has been cleared to participate in   |  |  |  |
| retainer on your teeth, hearing aid)?  |        |    | athletic activities without any restrictions. This physical is  |  |  |  |
| 1. Have you had any problems with your eyes or vision?<br>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  |  |  |  |
| <ul><li>12. Have you ever had a sprain, strain, or swelling after injury?</li><li>a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?</li></ul> |        |    | answers to the above questions are complete and correct.  |  |  |  |
|  |        |    | SIGNATURE OF ATHLETE  |  |  |  |
| If yes, check appropriate box and explain below:<br>Head   |        |    |   |  |  |  |
| Neck Forearm Thigh   |        |    | Date:   |  |  |  |
| Back Wrist Knee  |        |    |   |  |  |  |
| Chest Hand Shin/calf   |        |    | SIGNATURE OF PARENT/GUARDIAN  |  |  |  |
| Shoulder  Finger  Ankle  |        |    | D-4   |  |  |  |
| Upper Arm 📮 Foot 📮   |        |    | Date:   |  |  |  |