

December 8-9th, 2018 The Park at Briar Chapel - Pittsboro, NC

DETAILS

- ♦ The camp will be run by Dynasty Goalkeeping owner TRACY NOONAN. www.dynastygoalkeeping.com
- ♦ Open to MALE & FEMALE goalkeepers ages 12-18.
- ♦ SMALL GROUPS = PLENTY OF REPS! The camp will be limited to a maximum of 15 students.
- 2-3 staff coaches depending on enrollment to ensure a 5:1 player to coach ratio.
- Each student will receive a Dynasty Goalkeeping T-Shirt (or Dynasty calf socks based on availability).
- Cost is \$425 (4 sessions and 2 lectures).
- ♦ Lunch is NOT provided.

FIELD LOCATION - The Park at Briar Chapel - 1015 Andrews Store Road, Pittsboro, NC 27312 http://www.chathamnc.org/government/departments-programs/parks-recreation/county-parks-trails/the-park-at-briar-chapel

SCHEDULE (tentative)

Saturday,	December	8 th
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ρa	9a – 11a	Session 1	TOPIC: Handling & Technical Breakaways
	11:30 – 12p 12 – 1p	LUNCH Lecture	*Students bring their own lunch & we will eat at onsite classroom TOPIC: Positioning & Communication
	1:30 – 4p	Session 2	TOPIC: Functional Breakaways & Small Sided Games
St	ınday, December 9 th 9a – 11a	Session 3	TOPIC: Diving & High Balls/Crosses
	11:30 - 12p 12 – 1p	LUNCH Lecture	*Students bring their own lunch & we will eat at onsite classroom TOPIC: Nutrition
	1:30 – 4p	Session 4	TOPIC: 3 Goal Situation, Kicking & Small Sided Games

CAMP CANCELLATION

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.

INCLEMENT WEATHER POLICY

We will train in rain/snow/cold, so dress appropriately. In the event of severe weather that would impact the entire weekend, every effort will be made to reschedule for January $5 - 6^{th}$, 2019. No refunds will be given if a student cannot attend on the inclement weather back-up date, so please plan accordingly. If we are unable to reschedule, credit for a future Dynasty camp will be offered or a refund will be given.



December 8 & 9th, 2018

Pittsboro, NC

Student's Name		Male/Female (circle on	ie)
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) M L XL (unisex sizes) (or Dynasty socks based on availability)

Payment

Carolina Winter GK Camp - \$425

*Please contact Tracy Noonan for questions: 919-942-2903 or 919-225-8154 (during camp) tnoonan@dvnastvgoalkeeping.com

Please make check payable to "Dynasty Goalkeeping".

Dynasty Goalkeeping LLC is a privately run sports camp, and is not operated by or through Chatham County Parks & Recreation. Dynasty Goalkeeping LLC is neither sponsored, controlled, nor supervised by Chatham County Parks & Recreation, 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 Chatham County Parks & Recreation 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 camp. I, the undersigned, understand, accept, and agree to the Dynasty Goalkeeping cancellation policy.

DATE SIGNATURE (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.	Date	Check	Conf.	Bal.	Date	Check	Conf.
	Amt.	Rec.	#	Sent	Amt	Rec.	#	Sent



Medical Release Form

			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	ILS	ПО	
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?3. Are you currently taking any prescription or nonprescription			14. CORRENT Fleatin insurance information.
(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,			Policy Holder's Date of Birth:
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			the start of camp please mail us the updated information. Thank you!
during exercise? 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?			
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?c. Do you have frequent or severe headaches?			parent or guardian of the student. I, the undersigned,
d. Have you ever had numbness or tingling in your arms,	_		hereby certify that I am the parent or legal guardian of the
hands, legs, or feet?			student. I hereby give permission for the staff of Dynasty
e. Have you ever had a stinger, burner, or pinched nerve?			Goalkeeping LLC to seek, during the period of the camp,
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?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	_		
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
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? a. Have you had any other problems with pain or swelling in			I hereby state that, to the best of my knowledge, my
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			
Neck Forearm Thigh			Date:
Back Wrist Knee			
Chest Hand Shin/calf			SIGNATURE OF PARENT/GUARDIAN
Shoulder Finger Ankle			DESCRIPTION OF THE PROPERTY OF
Upper Arm Foot			Date: