



## **2010 WINTER IDENTIFICATION CAMP**

The Winter Identification Camp is a one day event designed to give the dedicated soccer player a day long experience of the life of a soccer player at Bellarmine University. The camp is open to all high school aged boys and girls, but will be limited to a total of 60 participants (30 boys and 30 girls). Campers will participate in training sessions, led by the Bellarmine Coaching Staff, similar to the ones that Bellarmine players go through. Campers will also play small and full sided games with tactical challenges presented by the coaching staff. Participants will benefit from interacting with both the coaching staff throughout the day. All training sessions and games will take place at Owsley B. Frazier Stadium on campus. Lunch and dinner will be provided for all campers on campus.

**WHEN:** Saturday, February 13<sup>th</sup>

**WHERE:** Bellarmine University Campus (2001 Newburg Rd – Louisville, KY 40205)

**COST:** \$85 – Cost includes all camp activities, plus lunch and dinner.

### **GIRLS SCHEDULE**

8:30 AM – Check In (Anniversary Hall)  
9:00 AM – Training Session  
10:30 AM – Tour of Campus  
11:30 AM – Lunch  
12:30 PM – College Talk  
1:30 PM – Indoor Session  
3:00 PM – Q & A  
4:30 PM – Dinner  
6:00 PM – Training/Full-Sided Games

### **BOYS SCHEDULE**

10:00 AM – Check In (Anniversary Hall)  
10:30 AM – Training Session  
Noon - Lunch  
1:00 PM – College Talk  
2:00 PM – Tour of Campus  
3:00 PM – Indoor Session  
4:30 PM - Dinner  
6:00 PM – Q & A  
7:30 PM – Training/Full-Sided Games

*\*Please note that the above schedule is tentative and may have slight changes*

*\*Please complete the registration form and medical consent below*

*\*For more information, please contact Jonathan Velotta at [jvelotta@bellarmine.edu](mailto:jvelotta@bellarmine.edu)*

**REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

High School: \_\_\_\_\_

Club Team: \_\_\_\_\_

**Medical Care Consent and Release of Liability**

1. On behalf of the above named applicant, I release Bellarmine University, the campsite, staff and management from any claim arising from participation in the camp. Neither Bellarmine University nor anyone connected with the camp assumes any responsibility for accidents, medical or dental or any other expense incurred as a result of attendance of the camp. I hereby certify that the above-named applicant is physically fit to participate in camp activities. I accept full responsibility for any medical problems that may develop as a result of any activities.

2. I authorize all medical, surgical, diagnostic, and hospital procedures as maybe performed or prescribed by a treating physician for my child, if I cannot be reached in an emergency.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Allergies \_\_\_\_\_

Health Plan \_\_\_\_\_