

March 17-21, 2014 9am-4pm

The Bulldog Soccer Academy Spring Break Camp is designed for boys and girls ages 8 - 13. Campers will be taught proper technique through small-sided games and contests. All activities will be arranged in a fun. safe and skill appropriate environment. Each day campers will play, go swimming, and compete for prizes. Lunch will be provided for full-day campers. A half-day camp option is available from 9-11:30am. Half-day campers will leave camp each day before lunch. Camp facilities are prepared for lowa's weather; indoor in Drake's newly turfed Field House and outdoor in Drake Stadium.

> Full-day camp fees: \$230 Half-day camp fees: \$150

*Camp will end for all campers at 11:30am on Friday.



2014 Spring Break Camp

SAMPLE DAY CAMP SCHEDULE

9am	Camp Warm Up
9:30am	Technical Training
10:15am	Popsicle Break
10:25am	Competitions/
	Small Sided Games
11:30am	Half-Day Camp End
11:30am	Lunch, Video
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1pm **Swimming Small Sided Games** 2pm 3pm **Soccer Olympics** 4pm **Camp Ends**

^{*}This event is open to any and all entrants that meet the age requirement and register on time.



*Register during Early Registration to ensure the correct T-shirt size. Early Registration ends 2/15/14

All registration closes 3/10/14 or when camp fills up!

515-271-2016 soccer@drake.edu www.bulldogsocceracademy.com There will be a \$50 processing fee for canceling camp registration after 3/1/14.

Register for Spring Break Camp

Name	
Address	
City	StateZip
E-mail	
Home Phone	
Cell Phone	
Age during camp	_ Boy Girl
	Child S M L Adult S M L XL
Field Player Goalke	
Name of team	
Camp Fee (\$230)	\$ \$
Half-Day Fee (\$150)	\$
	.0) must pay by check before 2/15 \$
DU Staff/Fac Discount(Send checks to:	-\$15) \$
Bulldog Soccer Academy	Total Enclosed \$
2507 University Ave	- στα: Ξσισσσα φ
Des Moines, IA 50311	
Insurance Company	Policy Number
Known Allergies	Medications taking
Date of last tetanus sh	ot
Emergency Contact	Emergency Phone

Parental Consent

Waiver Agreement: I grant permission to the staff of the Bulldog Soccer Academy to act on my behalf for my child in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me. In the event I cannot be reached. I hereby give my consent to such medical treatment as deemed necessary by a trainer. In addition, I hereby release the Bulldog Soccer Academy and its employees from all claims on account of any injuries, which may be sustained by my child while traveling to, participating in, and returning from camp. I also agree to indemnify the Bulldog Soccer Academy and its employees for any claim which may hereafter be presented by my minor child as a result of illness, or accident while my child is at camp.

Parent Signature	Date