

Ole Miss Soccer

Camp on the Coast

The Ole Miss Soccer Camp returns to Gulfport for its third year! Mississippi's longest running soccer camp has helped thousands of players enhance their skills and their love for the game. We hope you will join us for this encore performance of the Ole Miss Camp on the Coast!

Camp is open to all girls ages 9-18.

Instruction:

Campers receive instruction from some of the top college coaches in the country. Included on the camp staff are coaches with WUSA, national team, regional team and national championship experience. Campers are grouped according to age and ability. Each daily session is devoted to technical skills training as well as tactical development. Sessions will conclude with full-field matches incorporating daily topics.

Goalkeeper Training:

Specialized goalkeeper training is held in conjunction with the camp. Goalkeepers are trained separately for individual instruction and train with the field players for match play development.

Free Ole Miss Camp T-Shirt!

Dates/Schedule:

Friday, April 30

Check-in/Registration – 4:30-5:30pm

Training – 5:30-7:30pm

Q & A Session – 7:30-8:30pm

(If you are interested in playing college soccer, this is your chance to ask questions and get answers from some of the best college coaches in the business!)

Saturday, May 1

Training – 9-11am

Training – 1-3pm

Sunday, May 2

Training – 9-11am

Camp Fees

A. Regular Registration - \$150

B. Early Registration Discount!

- Those who register by **March 15** receive a \$10 discount and **pay only \$140.**

C. Team Discount

- Teams registering 10 or more players receive an additional \$15 discount per player.

D. A non-refundable deposit of \$50 must be included with each application.

Location

All training sessions are held at the Jackson County Soccer Complex located in Gautier, Miss. The address for directions by MapQuest is:

4400 Audubon Drive

Gautier, MS 39553

Questions:

Please contact the Ole Miss Soccer office at soccer@olemiss.edu for additional information or questions. You may also call 662-915-1524 for more details. Visit our website for any of your questions at www.olemissoccercamp.com

CAMP APPLICATION

Player Name: _____

Street Address: _____

City/State/Zip: _____

Phone: (h) _____ (c) _____

Grade: _____

Age: _____ Birth Date: _____

Social Security #: _____

E-mail address: _____

Team Name/Age Grp: _____

Coach: _____

T-shirt size: xs s m l xl

Position: gk d m f

Amount Enclosed:

	Individual	Team Discount (per player)
Registration	\$150	\$135
Early Registration (by Mar. 15)	\$140	\$125

Please make checks payable to:

Ole Miss Soccer Camp
Women's Soccer Complex
Post Office Box 1848
University, MS 38677

Register online at www.olemissoccercamp.com

FOR OFFICE USE ONLY

Amount Received _____ Date _____ Check # _____

MEDICAL RELEASE INFORMATION

Name of Camper _____ SS# _____
Date of Birth _____ Parents/Guardians _____
Address _____
City _____ State _____ Zip _____
Phone (h) _____ (o) _____ (c) _____
School _____ Grade Completed 5/10 _____
Emergency Contact Name: _____
Best number to reach: _____

I give permission for The University of Mississippi medical personnel to administer first aid and/or provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness.

Parent/Guardian Signature _____ Date _____

Indemnity Waiver

I hereby request that you accept this registrant for the Ole Miss Sports camp during the dates sets forth on this application. I hereby release The University of Mississippi and all of its employees from any claims on the account of injuries that may be sustained by the participant while attending this Ole Miss Sports Camp.

Parent/Guardian's Signature _____ Date _____

Medical Release/Screening (must be completed by a physician) I have examined the camper named above on this form and found the camper to be free from injuries or conditions that would limit participation in athletics. I recommend that this person be accepted for this Ole Miss Sports Camp.

Physician's Name _____
Address _____ Phone # _____
Allergies _____
Previous Injuries _____
Other important health information _____
Physician's Signature _____ Date _____

This information is confidential and will be retained as part of each camper's records. A copy of a sports' physical within one year of the date of camp being attended may be substituted for a physician's signature.

Insurance: Each Camper will be covered under a secondary insurance policy that is provided by The University of Mississippi. If a camper is injured, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide the proper information regarding the injury to the secondary insurance provider. If the camper is covered by a current health insurance, please provide the following information.

Insurance Company Name _____
Group Number or Policy Number _____
Policy Holder's Name _____

Ole Miss Soccer Camp
Women's Soccer Complex
Post Office Box 1848
University, MS 38677

Ole Miss

Soccer

2010



Camp on the Coast

Apr 30 - May 2

Gautier, MS