

Ole Miss Soccer High School Team Camp

Team Camp is the ideal venue for high school teams to get a head start on the competition. Your team will improve technically and tactically while enjoying the camaraderie of a camp experience.

Technical Training

The morning sessions focus on the technical development of the individual players. Players will be exposed to advanced techniques on shooting, receiving, turning and heading. They will develop the skills to escape pressure and take on defenders one-on-one. Coaches will take players through each step of the techniques to ensure proper development and execution.

Tactical Training

The afternoon sessions are devoted to team tactics of attacking and defending. Our expert staff of coaches will set your team up in a system that maximizes the strengths of the individual players. Topics such as team possession, changing the point of attack, box organization and zonal defending are covered. Teams will get to test what they've learned in the evening matches against other high schools.

Free t-shirt and camp ball included!

Camp is open to any and all entrants.

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.

"Ole Miss team camp has been an invaluable tool for us. It provides excellent technique and strategy instruction. The coaches are experienced and communicate well with the girls. The skill sessions where the Ole Miss coaches talk X's and O's to the high school coaches are a big bonus!"

Bobo Champion – Pillow Academy, MS

High School Coaches

Coaches who serve in an advisor position will be provided housing and meals for monitoring his/her team while at camp. You will have virtually unlimited access to our staff of coaches. We urge you to discuss ideas that will aid your development as a coach. We also feature classroom and video sessions with the Ole Miss coaching staff to discuss tactical preparations and field adjustments.

"We couldn't have picked a better camp! Each of the girls learned so much from the coaches. They are not only outstanding coaches, but wonderful people as well. The areas of instruction were pertinent and clearly explained. I learned many exercises to help in our drive for a fourth consecutive 10+ win season!"

Ben Yarbrough – Franklin HS, MS

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 or to REGISTER at www.olemissoccercamp.com

CAMP REGISTRATION

Player Name: _____

Street Address: _____

City/State/Zip: _____

Phone: (h) _____ (c) _____

Grade: _____

Age: _____ Birth Date: _____

Social Security #: _____

E-mail address: _____

Team Name: _____

Age Group: _____

Coach: _____

T-shirt size: xs s m l xl

Position: gk d m f

Amount Enclosed:

	Individual
Full Tuition	<input type="checkbox"/> \$395
Deposit Only	<input type="checkbox"/> \$100

Please make checks payable to:

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

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 5/08 _____
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



High School Team Camp July 17-20

Sold Out in 2009!