

# Greater Experience Soccer Academy

## 2007 Residential Camps

Greater Experience Soccer Academy would like to extend an invitation to your team to join us this summer for one of our 6-day overnight camps.

### Girls Residential Camp



Camp Deep Creek  
1050 Bumble Bee Rd.  
Accident, Maryland  
21520

U10-U12  
July 1st-6th, 2007

U12-U14  
July 22<sup>nd</sup>-July 27<sup>th</sup>, 2007  
Camp Deep Creek

High School Age 14+  
Aug 5<sup>th</sup>-11<sup>th</sup>, 2007

*All Teams Coached by  
USSF and NSCAA  
Licensed Coaches*

*Team Coaches Attend for  
Free*

*We guarantee that every player who attends Greater Experience Soccer Academy Residential Camp will have a better team experience than any other camp can offer. And compare what we offer for a 6-day camp to what every other 5-day camp is offering.*

### Residential Camp

*\$550*

*If you have 2 players in your family contact us for a discounted rate (Even if they are attending different weeks).*

*Players may register as individuals and will be placed with a team for the week.*

*For more info on our Residential Camps and all other programs*

*Go to:*

[www.GreaterExperienceSoccerAcademy.com](http://www.GreaterExperienceSoccerAcademy.com)

*Email:*

[AdamRitchie@GreaterExperienceSoccerAcademy.com](mailto:AdamRitchie@GreaterExperienceSoccerAcademy.com)



### Team Coach/Manager

Greater Experience Soccer Academy is holding its annual residential soccer camps in Deep Creek, Maryland. The soccer camps were design after attending and working many camps as a coach and as player in many different Soccer Academy's.

When designing our program I got with some players and other coaches asked what they liked and disliked about their time spent at each camp they have attended over the years. Most of the time they all liked the coaching. However, some of the higher-level players were bored with the training due to the fact they are getting the same kind of training from their club coaches. Also, a lot of the coaches felt that they were sending their player to camp to become closer as a team on and off the field not just on the field.

So with these things in mind we build a program that is structured to each teams goals and personalities. We work with the head coach before the camp as well as all week while the camp is going on. We also check up on the teams during their seasons to see how they are

doing and if the coaches need help with anything.

During the day each team will start out with morning fitness and then they will have a training session. But the biggest difference with the GESA Residential Camps are that 2 or 3 times a day we will do a team challenge. In these challenges each team will compete against each other. They will learn that they must work together as a team to finish the task. The team that wins the challenge receives rewards. (Extra Putt-Putt, No morning fitness, ect..) I would be happy to meet with you and your parents and give you more details about what we can offer your team.

Thanks you,  
Adam Ritchie  
Greater Experience Soccer Academy  
[www.GreaterExperienceSoccerAcademy.com](http://www.GreaterExperienceSoccerAcademy.com)  
410.271.3897



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## Camp Overview

Greater Experience Soccer Academy is proud to announce its summer Residential Soccer Academy. Located in Deep Creek Maryland. The GESA 6 day Residential Academy will focus on team training and team building. Every team will have a licensed trainer that will work on the fundamentals as well as team tactics.

The big focus of the camp will be on team building. A couple times a day each team will be faced with a team challenge that they will have to meet by using every one of their teammates. This will encourage team unity. We feel that in today's club team environment it is hard to get teammate together when they are not on the field because of travel distance and time. So we will take this opportunity to work on just that.

We have loads of other fun stuff planned that will push each player and their teammates to their fullest potential for the 6 days we have them.

### **RECOMMENDED ITEMS TO BRING:**

- |   |                                     |
|---|-------------------------------------|
| 1. Window or floor fan (large)              | 8. Flat-soled tennis shoes/sneakers |
| 2. Bed linens/pillow/towels                 | 9. Insect repellent/Sun screen      |
| 3. Soccer ball with player's name on it     | 10. Rain gear                       |
| 4. Swimsuit                                 | 11. Shin guards                     |
| 5. Soccer wear cleats/shorts/t-shirts/socks | 12. Water container                 |
| 6. Bath Items                               | 13. 9Ft. Extension cord             |
| 7. Alarm clock                              | 14. Medications (if required)       |

Campers may also bring a notebook/pen, hat, and warm-up suit if they desired. Please have all equipment clearly marked with name. **GESA** is not liable for loss or damage of any personal equipment or valuables.

### **SPENDING MONEY:**

At registration we invite you to deposit the spending money in the GESA bank (CASH ONLY).

### **ACCOMMODATION:**

All players will be housed in residence halls. There will be adult female staff supervising the girls and adult male staff supervising the boys while in the residence halls.

### **MEALS:**

Resident Campers will be provided with three meals a day. Meals are cafeteria style and players may select and eat as much as they please.

### **CAMP STORE:**

A snack bar will be open in the evenings

### **SPORTS EQUIPMENT:**

Each player will be given a Greater Experience Soccer Academy T-shirt. Additional t-shirts may be available at registration.



### Typical Daily Schedule

Schedules may vary at discretion of Camp Director

6:45am	Wake Up
7:10am- 7:45am	Morning Fitness
8:00am – 9:00am	Breakfast
9:15am – 10:45	Morning Training Session
11:00am- 12:00pm	Team Challenge
12:00pm- 1:00pm	Lunch
2:00pm- 3:30pm	Afternoon Training Session
4:00pm- 5:00pm	Team Challenge
5:15pm- 6:15pm	Dinner
7:00pm- 8:30pm	Game
9:00pm- 9:30pm	Team Meeting/ Team Challenge
10:30pm	Lights-Out

**REGISTRATION:**

All players are requested to join GESA between 3:00 p.m. and 4:00 p.m. on the 1<sup>st</sup> day of camp. There will be signs at the entrance of the facility directing parents and players to registration. Parents and players are welcome to walk around the facilities and grounds. At 4:30 p.m. the Camp Director will address the players and parents, outline the week's program and introduce our staff. At the conclusion of this address, you will have the opportunity to speak personally with the Camp Director or Medical Trainer about any particular aspect of your child's stay at the camp. Players that arrive by bus will check in and receive room assignments.

**OPENING ADDRESS:**

At registration you will be informed of the location for the opening address. Players will leave parents during the meeting and join coaches.

**END OF CAMP:**

The closing ceremony will be at 11:00am and parents are welcome to attend. After the brief ceremony players will then be available for departure. Please collect all players between 11:30am-12:00pm. Players that came by the GESA Charter Bus will board by 11:30.

**PARENTS & COACHES:**

Our primary purpose is to provide the players with a week of enjoyment, friendship, and soccer training that they will cherish. Parents and coaches are welcome to visit at any time but are requested to refrain from interfering with camp personnel when conducting a session.

**TELEPHONE (EMERGENCY ONLY):**

You will be informed of the Emergency Telephone number at the Opening Address.

**TRANSPORTATION TO AND FROM CAMP:**

GESA will provide a charter bus from most locations that will bring all players to and from camp.

Greater Experience  
Soccer Academy  
Application Form 2007  
RESIDENTAL SOCCER CAMPS

**STEP 1 STUDENT**

NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
GENDER: M F  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
HOMEPHONE: \_\_\_\_\_  
DAY PHONE: \_\_\_\_\_  
ROOMMATE \_\_\_\_\_  
REQUEST: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
ADULT SIZES  M  L  XL   
**CAMP**  
DATES: \_\_\_\_\_

**STEP 2 PARENT OR  
GUARDIAN**

PRINT NAME:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

**STEP 3 TUITION**

Applications cannot be processed without  
a deposit and a signature of parent or  
guardian.

**PAYMENT**

\$100 DEPOSIT/FULL TUITION

\$ \_\_\_\_\_ (\$550.00)

REFUND & PAYMENT POLICY- The deposit is non-refundable regardless of the reason for cancellation. However, deposit may be transferred upon written request and consideration. Balances must be paid one month prior to the start of camp. WAIVER- I certify that my son/daughter is in good health and has my permission to participate in GESA activities. I understand and accept the GESA payment and refund policy and that pictures/videos taken at campsites may be used for promotional purposes.

• **Due to limited enrollment, it is important that applications are returned early.** • **You can also apply online at**  
[www.GreaterExperienceSoccerAcademy.com](http://www.GreaterExperienceSoccerAcademy.com)

- Please include a valid email address.
- Include a non-refundable deposit of \$100.00.
- In order to guarantee enrollment, balances must be paid 30 days prior to the start of camp.

Send Forms and payment to:

GESA

5333 Ed Prout Rd.

Lothian, Maryland 20711

**All registered students will receive a confirmation Email, medical form, directions, list of things to bring and rules and regulations will be attached**

Program:

Medication Dispensing Authorization

I hereby certify my child is taking medication (either prescribed by a physician or over-the-counter) while attending camp. No medication may be kept by the player or self-administered. At camp registration, all medications will be collected by the Trainer/Camp Director and provided to the player for administration as needed.

Player's Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby give my permission for the following medications to be administered to my child by a GESA Trainer/Camp Director in accordance with the instructions given.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	<u>Medicine #1</u>	<u>Medications</u> <u>Medicine #2</u>	<u>Medicine #3</u>
Name:	_____	_____	_____
Dosage:	_____	_____	_____
Hours to be taken:	_____	_____	_____
If the medication is prescribed by a doctor:			
Date Prescribed:	_____	_____	_____
Doctor:	_____	_____	_____
Doctor's Phone:	_____	_____	_____

Other Instructions: \_\_\_\_\_

Remarks: \_\_\_\_\_

Greater Experience Soccer Academy

Medical Release Form

Please print clearly and complete all information.

NAME OF PLAYER \_\_\_\_\_

LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_

NUMBER & STREET CITY STATE ZIP

DATE OF BIRTH \_\_\_\_\_ GRADE INFALL2007 \_\_\_\_\_

PARENT'S (or GUARDIAN'S) NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

NUMBER & STREET CITY STATE ZIP

**EMERGENCY TELEPHONE NUMBERS:**

*Should your child become ill or injured, please provide numbers where a parent or guardian can be reached.*

HOME \_\_\_\_\_ PARENT'S WORK \_\_\_\_\_

CELL PHONE \_\_\_\_\_

NEAREST KIN \_\_\_\_\_

NAME ADDRESS PHONE #

HEALTH CARE PROVIDER \_\_\_\_\_

NAME ADDRESS PHONE #

INSURANCE  
CARRIER

NAME POLICY #

**MEDICATIONS: Please accurately complete the following questions.**

**Inhaler:**

If your son/daughter uses an inhaler, do you give him/her permission to keep the inhaler with him/her during the GESA Residential Soccer Camp and to use it as needed?

\_\_\_ YES \_\_\_ NO

**Epi-pen**

Will you be registering an Epi-pen for your son/daughter on the first day of camp? \_\_\_ YES \_\_\_ NO

If yes, please answer the following:

My son/daughter: \_\_\_ is capable of administering the Epi-pen without assistance.

\_\_\_ will require the assistance of an adult to administer the Epi-pen.

My son/daughter is allergic to:

\_\_\_\_\_

Please describe the severity of the reaction (i.e., when food is ingested, contact is made, etc.):

\_\_\_\_\_

Symptoms of the reaction include: \_\_\_\_\_

My child is on the following **medications**:

\_\_\_\_\_

**Medication Medical condition Amount per dose # of doses per day**

\_\_\_\_\_

Will medication be administered at camp? \_\_\_ YES \_\_\_ NO

**If yes, you must complete and sign the Authorization to Administer Medication form along with this medical form.**

By reading and signing this Agreement, I/we (hereafter referred to as "I") confirm my understanding of my child's participation in Greater Experience Soccer Academy for one or more weekly sessions during the summer of 2007.

\*My child is physically able to participate in Greater Experience Soccer Academy Camp and has no medical condition, which could affect his/her participation.

\*I will be fully responsible for all medical expenses incurred by my child while attending the Greater Experience Soccer Academy Camp.

\*I grant Greater Experience Soccer Academy the right to take appropriate actions for my child's health and safety and to obtain the necessary medical assistance.

\*I understand that, with the exception of an extreme emergency, no operation will be performed without me being contacted and fully informed.

\*I grant Greater Experience Soccer Academy the right to administer medications, which I provide, as indicated above.

\*I verify that the information on this Health Fact Sheet is accurate.

\*I have read and freely sign this agreement, which shall take effect as a sealed instrument.

DATE \_\_\_\_\_ NAME \_\_\_\_\_

PRINT

SIGN

RELATIONSHIP