



Please be aware that these soccer camps are physically very demanding. All players participate in at least 3 sessions per day. The sessions are varied but they are all based upon physical activity. We strongly suggest that all players are physically fit before attending camp.

All balances must be paid 3 weeks prior to the start of camp

The following is everything you need to know about camp and is intended to make your preparation go smoothly. Please don't hesitate to contact us if you have any further questions.

Medical Release Form:

This must be filled out and mailed in. This is a document that GESA requires all participants to fill out. You cannot participate without a signed copy.

Program Selection/Week Selection/Personal Training

We realize that from time to time situations change. If you need to change weeks or add a program or a personal lesson please let us know and we will try and accommodate the request.

Check-in time is between 3:30 and 4:30 on the Sunday camp starts for residential campers

Check-in location: Camp Deep Creek

Check-ins are always hectic, please be patient.

After check-in the residential players will go to dinner and then we will have an evening field session.

Room assignments: if you have not submitted your roommate request please do so ASAP. Most teams stay as a whole for the week.

Meal:

There is a full cafeteria on site where all meals will be served

Dorm Rooms: when players check into their rooms they must be checked for damage as the players are settling in. Any damage to the room will incur a charge from the Camp Deep Creek. Rooms must be kept tidy throughout the week. The coaches will be checking the rooms daily to make sure they are tidy. All players will be told to respect other players' space and rooms.

Pick-up: Locations will be the same as pick-up. TBD

Things you should bring to the residential camp:

Enough soccer equipment to last 5 or 6 days. Shinguards, are mandatory and correct soccer footwear for outside fields is strongly recommended, tennis/running shoes for soccer tennis. Make sure you bring a water bottle.

During the afternoon it sometimes gets a little chilly so pack a rain top or sweats. The temps drop during the evening session also.

Sunscreen, chapstick.

Even though there is very little down time after the sessions, it is advised that all participants bring some casual wear that they can change in to after the day's soccer activities are complete.

Bed linen, blankets/sleeping bags, pillow, towels, toiletries. A fan is strongly recommended

Game boys, video games, small TVs, small refrigerators are allowed.

Candy, snacks and soda are allowed. They can also be purchased on campus. Water and sports drinks are allowed.

Cell phones are allowed. All

Day Campers will meet at 9:15 am on Monday morning. Each day camper will receive lunch with the overnight campers. When the afternoon session finishes at 4pm day campers are picked up. ALL day campers are invited back at 6:30 for the evening scrimmages. This finishes at 8pm. If you would like them to stay for dinner at the Camp Deep Creek, you can pay cash and we will supervise them along with the other campers.

Adam Ritchie's cell at camp: 410.271.3897



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

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.

Please sign below and mail to GESA 5333 Ed Prout Rd, Lothian Maryland 20711

Signature of Parent or Guardian: _____ **Date:** _____

Medications

	Medicine #1	Medicine #2	Medicine #3
Name:	_____	_____	_____
Dosage:	_____	_____	_____
Hours to be Taken:	_____	_____	_____

If the medication is prescribed by a doctor:

Date Prescribed:	_____	_____	_____
Doctor:	_____	_____	_____
Doctor's Phone:	_____	_____	_____

Other Instructions: _____

MEDICAL INFORMATION AND PARENTAL CONSENT FORM

All Areas of This Form Must Be Completed and Signed Prior to Camp Participation

Camper's Name: _____ Birth Date _____

Guardian's Name _____ Relationship _____

Allergies and Medications

Allergic reactions (drugs, food, asthma) _____ No _____ Yes

If yes, list: _____

Taking any medication at this time? _____ No _____ Yes

If yes, List: _____

In Case of Emergency

Father Tel (H) _____ (W) _____ (c) _____

Mother Tel (H) _____ (W) _____ (c) _____

Other Emergency Contact:

Name _____ Tel (H) _____ (W) _____ (c) _____

Your Medical Insurance

Company _____

Policy # _____ Name of Policy Holder _____

Any instructions regarding your insurance: _____

Parental Consent and Waiver

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp, to seek, during the period of the Camp, appropriate medical attention for the camper; and for medical attention to be given: and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by my insurance coverage and/or the camp's excess\medical coverage policy. I/We, the undersigned, for ourselves and as guardian(s) of

(Camper's Name) _____ understand that soccer is an active, physical sport, and that injuries can take place during play.

I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities. I/We, represent that I/We have sought the opinion of our child's pediatrician,

(Name of Camper's Physician) _____ and he/she concurs that, (Camper's Name) _____ is fully capable of safely engaging in these activities. I/ We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/ we are confident that he/ she is able to engage in such sport. I/ We, the

undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Greater Experience Soccer Academy, and their respective staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian _____ Date _____

Address _____

City/State/Zip Code _____ Phone _____

Please Print and mail with the application and the deposit (residential) or full payment (day camps).

Greater Experience Soccer Academy

Application Form 2008

RESIDENTAL SOCCER CAMPS

STEP 1 STUDENT

NAME: _____ DOB: _____ AGE: _____ GENDER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ DAY PHONE: _____
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 \$ _____ (\$575.00)

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 3 weeks 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**
- Please include a valid email address. • Include a non-refundable deposit of \$100.00. • In order to guarantee enrollment, balances must be paid 3 weeks 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

Camp Dates:

St Tim's (Baltimore, Maryland)

U10-U17 Co-ed Week:

June 19th-23rd, 2008

U10-U14 Girls/Boys week:

July 20th- July 24th, 2008

(\$550 for this week only)

U14 and up HS/Club Girls Week

July 27th-Aug 1st, 2008

High School Prep Girls Week:

Aug. 3rd- 8th, 2008