



## 2011 Winter Identification Soccer Camp

*Coastal Carolina University Men's Soccer is pleased to announce the inaugural Winter ID Camp!*

When: December 19<sup>th</sup> -20<sup>th</sup>, 2011, 10AM-5PM  
Where: Coastal Carolina Soccer Facilities  
Fee: \$150

### Overview:

The purpose of this camp will be to provide soccer players that are looking to play in college an opportunity to be trained and evaluated by the Coastal Carolina University Men's Soccer coaching staff in a high-intensity training environment similar to the environment they will experience at the college level. The focus of the training sessions will be developing the players tactical & technical part of the game through exercise centered on speed of play, combination play, high pressure, and the smaller game within the 11v11 game. While learning through play, our staff will be instructing the college aspiring player on how to recognize the difference's and

overcome the challenges of transitioning from club/high school soccer to the college level. The camp will include a combination of 11v11, small sided games, technical drills & fitness drills along with a classroom session where the players will have the opportunity to have a Q&A session with current players and the CCU Coaching Staff. The camp is open to boys from grades 9-12. Goalkeepers included! Please take a moment to look at our itinerary and join us for this great opportunity to work with the staff and players of one of the most dominate soccer programs in the Big South!



**COASTAL CAROLINA  
CHANTICLEERS**



**Day 1 Itinerary:**

9:15-9:45 am: Check In

9:45 am: Opening Remarks - CCU Staff

10:00-12:00 pm: Training Session #1

12:00-1:00 pm: Lunch (not provided)

1:00-2:30 pm: Campus tour, Lecture, Q& A with CCU Staff and players

2:45-4:45 pm: Training Session #2

4:45-5:00 pm: Closing Remarks and dismissal

**Day 2 Itinerary:**

9:45 am: Group Warm up/Agility drills

10:00-12:00 pm: Training Session # 3

12:00-1:00 pm: Lunch (not provided)

1:00-2:30 pm: Campus tour, Lecture, Q& A with CCU Staff and players

2:45-4:45 pm: 11v11 Tactical Training Session

4:45-5:00 pm: Closing Remarks and Departure

**Hotel Information:**

(All hotel arrangements are the responsibility of the individual camper)

- Quality Inn-(843-347-7254)
- Comfort Suite -(888-381-0631)

\* - Please note that times on this itinerary are subject to change between now and the start of camp.

Registration and medical release forms are attached. For more information please contact CCU Asst. coach Kyle Russell at [ksrusse@coastal.edu](mailto:ksrusse@coastal.edu)

**Housing & Meals:**

Housing and meals are not included in the camp price.

**Quality Inn**

2376 U.S 501 East

Conway, S.C. 29526

(843-347-7254) Just a few miles from campus. Comes with continental breakfast!

\*Ask for the Coastal Carolina rate (\$53)\*

**Comfort Suite**

2480 E. Highway 501,

Conway, S.C. 29526

(888-381-0631) Just a few miles from campus. Comes with continental breakfast!

\*Ask for the Coastal Carolina rate (\$50)\*

Transportation will be arranged by request from only the two hotels provided above by our Staff. There are many places to eat on & around campus & next to the Hotels. Food should not be a problem.



**SENIOR CHANTICLEER WINTER SOCCER CAMP APPLICATION**  
**December 19th, 2011**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADUATION YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

POSITIONS PLAYED: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CLUB TEAM/OR COLLEGE: \_\_\_\_\_

**TUITION TOTAL:**

**2 DAYS = \$150.00**

(Includes 4 training sessions, campus tour, Q&A with CCU Staff)

**For Office Use Only**

Date Received: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Balance: \_\_\_\_\_

**TO ENROLL:**

PLEASE RETURN YOUR COMPLETED APPLICATION, HEALTH WAIVER FORM AND YOUR \$150.00 REGISTRATION FEE TO:

COASTAL CAROLINA MEN'S SOCCER WINTER CAMP  
550 UNIVERSITY BLVD.  
CONWAY, SC 29526

\*Please make Checks Payable to: "Coastal Camp"

**Additional Information:**

I will require airport transportation: Yes \_\_\_\_\_ No \_\_\_\_\_

Flight itinerary attached: Yes \_\_\_\_\_ No \_\_\_\_\_

(Flight itinerary must be sent before Jan 6th, 2011 – it may be emailed to [ksrusse1@coastal.edu](mailto:ksrusse1@coastal.edu))

Airport Transportation (Round Trip): Additional \$10 payment required



## MEDICAL RELEASE AND STATEMENT

NAME: \_\_\_\_\_

**APPLICATION WILL NOT BE COMPLETE UNTIL ALL ITEMS HAVE BEEN FILLED  
IN AND  
FORM SIGNED BY PARENT/GUARDIAN.**

I DO HEREBY GIVE PERMISSION TO THE HIGH POINT UNIVERSITY SOCCER CAMP TO TREAT MY CHILD AS NECESSARY IN THE EVENT OF AN INJURY, ACCIDENT OR ILLNESS.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

IS YOUR CHILD ALLERGIC TO ANY MEDICINES OR OTHER THINGS? IF SO, PLEASE LIST:  
\_\_\_\_\_

LIST ANY CONDITIONS THAT PHYSICIANS OR OUR MEDICAL STAFF NEED TO KNOW ABOUT:  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INSURANCE COVERAGE** FOR ACCIDENT INJURY IS REQUIRED BY ALL PARTICIPANTS. IF, AT THE TIME OF THE INJURY, NO FAMILY INSURANCE EXISTS, LIMITED SECONDARY COVERAGE IS PROVIDED SUBJECT TO POLICY TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS.

PLEASE INDICATE YOUR CURRENT INSURANCE INFORMATION BELOW:

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY HOLDER NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

### **RELEASE AND WAIVER OF LIABILITY (Please read carefully before signing)**

The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the Coastal Carolina University Soccer Camp (herein known as the camp), the University, its agents and employees thereof from any and all liability of whatever kind and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant participation in or involvement with this camp, including any failure of equipment or defect in the premises. I hereby state that I am the legal guardian of said registrant.

Participant's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

