

SOCCER CAMPS

What To Expect At Camp

- A fun and competitive environment for all ages
- Quality staff consisting of the Fighting Illini Coaching Staff, current and former Illini players, and top college coaches and players
- Technical instruction
- Tactical instruction
- Competitions and game environments
- High level demonstrations
- The ability to experience ILLINOIS SOCCER



TYPICAL RESIDENT CAMP SCHEDULE

7:00–8:00 a.m.	Breakfast
8:30–9:00 a.m.	Camp Demonstration
9:00–10:30 a.m.	Technical Training Session
10:30–11:00 a.m.	Competitions
11:45 a.m.–12:30 p.m.	Lunch
1:30–2:30 p.m.	Afternoon Activity (<i>i.e. swim time</i>)
3:00–4:30 p.m.	Tactical Training Session
4:45–5:30 p.m.	Dinner
6:30–8:30 p.m.	Competitive Games
8:30–9:30 p.m.	Night Activity (<i>i.e. movies, soccer films, game night</i>)

TYPICAL ELITE CAMP SCHEDULE

7:00–8:00 a.m.	Breakfast
8:30–9:00 a.m.	Camp Demonstration
9:00–10:30 a.m.	Individual Technical Training
10:30–11:00 a.m.	Competitions
11:45 a.m.–12:30 p.m.	Lunch
1:30–2:00 p.m.	Camp Demonstration or Developmental Lecture (<i>i.e. strength training, sports psychology, college soccer process, video breakdown</i>)
3:00–4:30 p.m.	Tactical Training Session
4:30–5:00 p.m.	Competitions
5:15–6:00 p.m.	Dinner
6:45–9:00 p.m.	Competitive Games

CO-ED RESIDENT CAMP

June 15–19

RESIDENT FEE: \$415

COMMUTER FEE: \$350 (includes lunch and dinner)

- The resident camp is for boys and girls ages 10–18
- Staffed by male and female coaches and college players
- Training groups divided by age and skill level/experience
- Fun environment to learn and improve your soccer skills

ELITE CAMP

July 20–23

RESIDENT FEE: \$475

No commuters accepted in Elite Camp.

- The elite camp is for COMPETITIVE girls ages 13–18
- Exposure to college training atmosphere
- Ability to train and play at the Illinois Soccer Stadium
- Challenging environment for improvement as a player
- Addresses technical, tactical, physical and psychological aspects of the game
- Video analysis of games during the week

CO-ED DAY CAMP (8:00–11:30 a.m.)

Session I: June 9–13

Session II: July 21–25

FEE: \$120

- The day camp is for boys and girls ages 6–14 (not enrolled in high school)
- Fun introduction to the game AND instruction for those with experience
- Group training divided by age and skill level/experience
- Games and competitions that create excitement for soccer

Register online: www.fightingillini.com/camps



ACCOMMODATIONS

The campers will enjoy the spacious air-conditioned Florida Avenue Residence Hall, located on the corner of Lincoln and Florida Avenue across from the intramural fields.

PERSONAL NEEDS

Campers should bring the following items: cleats, shin guards, and soccer ball (a ball can be purchased for \$25 at camp). For resident camp, include shampoo, soap, towel, and an extra blanket. Linen is provided.

STAFF



JANET RAYFIELD Head Coach/Camp Director

- Six Year U of I Record 81-43-9
- 2003 Big Ten Tournament Champions
- 5 NCAA Tournament Appearances
 - ◆ 2004 Elite 8
 - ◆ 2005 Sweet Sixteen
- Player Recognitions
 - ◆ 6 All-Americans
 - ◆ 4 Scholar All-Americans
 - ◆ 10 First Team All Big Ten
 - ◆ 7 Big Ten All Freshman team
 - ◆ 51 Academic All Big Ten
 - ◆ 2005 Big Ten Defensive Player of the Year
 - ◆ 2006 Big Ten Offensive Player of the Year
 - ◆ 2006 Big Ten Defensive Player of the Year
 - ◆ 2006 Big Ten Freshman of the Year



LEISHA ALCIA Camp Director

- University of Illinois Assistant Coach
- Former NSCAA First Team All American
- Canadian National Team Member
- Holds Illinois career records in saves and lowest goals against average
- Coached 2007 goalkeeper to break her own career shutout record



BILLY BARMES Assistant Camp Director

- MVP Offense at Lincoln Christian College
- Judah Christian HS Girls Soccer Coach
- U of I Team Manager

CAMP COUNSELORS

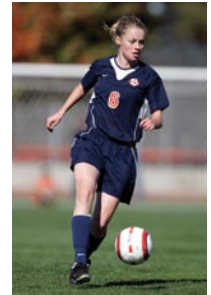


Ella Masar, Forward

- Former Illinois Soccer Camper
- 2006 Big Ten Offensive Player of the Year
- All-American
- First Team All Big Ten
- Lowes Senior Award Finalist

Mary Therese McDonnell, Defender

- 2007 Team MVP
- Scholar All-American
- Second Team All Big Ten
- Academic All Big Ten



Lindsey Carstens, Goalkeeper

- 2007 Team Defensive MVP
- Academic All Big Ten
- School Record in Career Shutouts

Jackie Santacaterina, Midfielder

- 2006 Big Ten All Freshman Team
- 2007 Second Team All Big Ten
- US Youth Soccer National Champion

Marti Desjarlais

- 2005 Big Ten All Freshman Team
- 2003-2005 WI State Player of the Year
- 2003 U-19 National Team
- 2003-2005 High School All-American

ATTENTION CAMPERS!

General camp information along with a statement, a confirmation letter, and a map with directions will be mailed upon the enrollment of each participant. Please allow 5-7 days processing prior to the mailing of confirmation materials. If you prefer to pay by Visa, MasterCard, Discover or American Express, please complete the credit card information required on the application or visit our website at www.fightingillini.com/camps. If you prefer to pay by check, please make checks payable to the 'University of Illinois' and write the participants FULL NAME on the check. Please mail the completed application form and FULL payment to the **University of Illinois, Office of Summer Camps, P.O. Box 3264, Springfield, IL 62708-3264.**

ROOMMATES: All room assignments are made at registration. If you would like a special roommate, please arrive at registration at the same time. In absence of a special request, we try to place campers of similar ages together.

SUPERVISION: Participants are supervised by the coaching staff during the instructional sessions and by summer camp housing staff when at the residence halls. Attendance is taken at all sessions, bed checks are taken at 10:30 pm, and lights are out at 11:00 pm. 24 hour supervision provided.

TRANSPORTATION: Each participant is responsible for their own transportation to and from camp. Air, train, and bus services have transportation centers in Champaign.

INCURRED MEDICAL BILLS: A portion of each camper's fees is allocated into a Sports Medicine Medical Payment Fund which covers a maximum of \$1,000 for accidental injury and \$150 for dental injury to sound, natural teeth. Medical treatment must be rendered and claims submitted within 45 days of the conclusion of the camp.

FIRST AID: A staff of certified First Aid Providers is available at all times to attend to injuries and refer to a physician when necessary.

CANCELLATION/REFUND POLICY: It is required that ALL requests for refunds are submitted in writing. Your camp cost, less a \$50 non-refundable cancellation fee, is refunded without question if you cancel at least one week prior to the registration date. At any time after that date, refunds (less the \$50 non-refundable fee) are made for medical reasons only and a signed statement from your physician must accompany the written request. If a cancellation request is not received by the last day of instruction, a refund is not issued. Campers who must leave during camp due to an illness or injury verified by our medical personnel will receive a refund (written request is necessary). Refunds are not given to campers who voluntarily leave camp or who are sent home for disciplinary reasons. **REFUNDS, FOR ANY REASON, ARE NOT ISSUED AFTER AUGUST 31, 2008.**

ELIGIBILITY: The resident camp is open to boys and girls ages 10-18. The day camp is open to boys and girls ages 6-14 (not enrolled in high school). The elite camp is open to girls ages 13-18.

DISCOUNTS: Due to NCAA regulations, discounts are not available. Camps are not pro-rated.

COMMUTERS: Commuters are those campers who do not wish to stay in the residence hall. These campers participate in all camp activities. They must provide their own transportation to and from camp each day. Lunch and dinner are included in the camp cost; however, breakfast is not included. A camper may purchase a meal pass on a daily or weekly basis.

2008 SOCCER CAMPS

CAMP APPLICATION

(Please print)

Camper's Name _____

Parent/Guardian's Name _____

Home Phone _____ Emergency Phone _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Male Female

2008-2009 Grade _____ 2008-2009 School _____

Position (check your primary position):

Forward Midfielder Defender Goalkeeper

Years of soccer experience _____

Are you a returning Fighting Illini Camper? Yes No

T-Shirt Size (adult): small medium large x-large

Camp ball (\$25.00): size 4 size 5

Camp photo (\$10.00)

I have read and hereby accept the conditions described in this brochure. I also understand Illinois Summer Camps' retains the rights to use photographs and video of campers taken at camp for publicity and advertising purposes.

Parent/Guardian's Signature _____

Please check the camp(s) you wish to attend:

CO-ED DAY CAMP I • JUNE 9-13 Commuter \$120

CO-ED DAY CAMP II • JULY 21-25 Commuter \$120

CO-ED RESIDENT CAMP • JUNE 15-19

Resident \$415 Commuter \$350

ELITE CAMP (GIRLS ONLY) • JULY 20-23 Resident \$475

Method of payment: Cash Check Money Order

Credit Card: MasterCard Visa Discover American Express

Credit Card # _____ Exp. Date _____ V-code _____

Make check payable to: University of Illinois

For more information please phone: 217-244-7278

EMERGENCY MEDICAL INFORMATION

Family Dr. Name _____

Clinic/Hospital _____

City/State _____ Phone _____

Health Insurance Provider _____

Address _____

City _____ State _____ Zip _____

Name of Policy Holder _____

Policy Number _____

Check below any information you feel the staff may need to maximize the safety and the well being of the attendee. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

Nervous or Mental (epilepsy, emotional stress, convulsion) _____

Increased or Abnormal Blood Pressure _____

Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

Hay Fever or Allergies _____

Allergy to Medicines (including penicillin, tetanus) _____

Food Allergies _____

Currently taking Medicines (list names and doses) _____

Medication that needs refrigeration _____

Diabetes _____

Do You Wear Glasses or Contact Lenses? Glasses Contacts

Date of last TETANUS BOOSTER _____

Under on-going care of Physician (NAME/PHONE #) for chronic/recurring problem _____

Recent Surgical Operations, Accidents or Injuries _____

• As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

• I approve the release of medical information pertinent to my child's care to the University of Illinois Sports Medicine Staff.

• I approve the release of insurance information to the health care provider (doctor, hospital of my child).

• I approve the health care provider to release information to the insurance company.

• I approve benefits from my insurance to be paid to the health care provider.

• I also understand the \$1,000 maximum accident insurance in effect while at the University of Illinois campus does not cover pre-existing conditions, self-inflicted injuries, or illnesses. Medical treatment must be rendered and claims must be submitted within 45 days of the conclusion of the camp.

• If the benefits are paid directly to me, I will pay the health care provider.

• My signature verifies the above information to be correct to the best of my knowledge.

Signature of Parent or Guardian _____ Date _____

Camper's Signature (if over 18 years old) _____ Date _____

MAIL TO:
University of Illinois
Sport Camps & Clinics
P.O. Box 3264
Springfield, Illinois 62708-3264

FOR OFFICE USE ONLY
Camp _____ Type _____
Paymode _____ Payment _____
Document _____

2008 SUMMER CAMPS

University of Illinois
FIGHTING ILLINI

SOCCER CAMPS

June 9-13: Co-ed Day Camp I
June 15-19: Co-ed Resident Camp
July 20-23: Elite Camp (Girls only)
July 21-25: Co-ed Day Camp II



Ella Masar,
Big Ten Player of Year

Register online: www.fightingillini.com/camps



University of Illinois
Division of Intercollegiate Athletics
Office of Sport Camps & Clinics
1700 South Fourth Street
Champaign, IL 61820

For more information or to register,
visit our website at
www.fightingillini.com/camps
or e-mail us at sumcamps@uiuc.edu

Illinois Soccer



Mary Therese McDonnell,
Scholar All-American

WHERE PLAYERS DEVELOP!

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2006 BIG TEN
PLAYER OF THE YEAR SWEEP