

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
- FREE T-SHIRT AND BALL!!!



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 CAMP OF EXCELLENCE 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 14–18

RESIDENT FEE: \$435

COMMUTER FEE: \$370 (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

CAMP OF EXCELLENCE

July 19–22

RESIDENT FEE: \$495

No commuters accepted.

- The Camp of Excellence 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 8–12

Session II: July 20–24

FEE: \$125

- The day camp is for boys and girls ages 7–14 (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, sunscreen, and running shoes or sandals to wear at meal times. For resident camp, include toiletries, towel, and an extra blanket. Linen is provided.

STAFF



JANET RAYFIELD Head Coach/Camp Director

- Seven year U of I Record 93-52-11
- 2003 Big Ten Tournament Champions
- 6 NCAA Tournament Appearances
 - ◆ 2004 Elite 8
 - ◆ 2005 Sweet Sixteen
 - ◆ 2008 Sweet Sixteen
- Player Recognitions
 - ◆ 6 All-Americans
 - ◆ 5 Scholar All-Americans
 - ◆ 11 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 Assistant 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 2008 goalkeeper to Player of the Year finalist



CHRISTIAN MICHNER Camp Director

- University of Illinois Assistant Coach
- Former professional player
- U.S. U-20 National Team Player
- USSF "A" Coaching License

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
- WPS Chicago Red Stars Professional Player

Mary Therese McDonnell, Defender

- 2007 Team MVP
- Scholar All-American
- Second Team All Big Ten
- Academic All Big Ten
- WPS Jersey Sky Blue Professional Player



Lindsey Carstens, Goalkeeper

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

Jackie Santacaterina, Midfielder

- 2008 Second Team All Big Ten
- 2007 Second Team All Big Ten
- 2006 Big Ten All Freshman Team
- U.S. Youth Soccer National Champion
- University of Illinois Team Captain



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, 2009.**

ELIGIBILITY: The resident camp is open to boys and girls ages 10-18. The day camp is open to boys and girls ages 7-14 (not enrolled in high school). The camp of excellence 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.

2009 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

2009-2010 Grade _____ 2009-2010 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 photo (\$10.00)

"I hereby acknowledge that participation in the camp and related activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into the camp, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge the Board of Trustees of the University of Illinois, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage and the consequences therefore resulting from the registrant's participation in or involvement with this camp or presence on University property, including any failure of equipment or defect in the premises, except to the extent caused solely by the willful and wanton conduct of the University. I give permission to the University of Illinois to take photographs and videos of my child during the course of the camp activities. These photographs may be used for publicity purposes by the University of Illinois."

Parent / Legal Guardian signature _____

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

CO-ED DAY CAMP 1 • JUNE 8-12 Commuter \$125
 CO-ED DAY CAMP 2 • JULY 20-24 Commuter \$125
 CO-ED RESIDENT CAMP • JUNE 14-18
 Resident \$435 Commuter \$370
 CAMP OF EXCELLENCE (Girls only) • JULY 19-22 Resident \$495
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

Camper's Name _____

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 _____

2009 SUMMER CAMPS

University of Illinois
FIGHTING ILLINI

SOCCER CAMPS

June 8-12: Co-ed Day Camp 1

June 14-18: Co-ed Resident Camp

July 19-22: Camp of Excellence (Girls only)

July 20-24: Co-ed Day Camp 2



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



Emily Zurrer
All-American, 2008 Olympian

WHERE PLAYERS DEVELOP!

- ◆ 6 All-Americans
- ◆ 5 Scholar All-Americans
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2006 BIG TEN
PLAYER OF THE YEAR SWEEP