

Insurance Information

Participant's Name _____ Birth Date _____ Social Security # _____

University of Kentucky activities are covered by a plan administered by the Allen Flood Company. This insurance plan is secondary to the participant's own primary plan. For detailed information regarding the policy coverage benefits and limits please visit the U.K. Risk Management website at <http://www.uky.edu/EVPFA/Controller/riskhome/excess.html> or call 859/257-3708.

You *MUST* submit a copy of the front and back of all health insurance cards covering participant "With Registration".

Check box and sign below if participant has NO health insurance coverage.

Date _____ Signature (Parent/Guardian if claimant is a minor, under 18) _____

Consent to Medical Treatment/ Insurance Statement

It is understood that authority is given to the U.K. activity director or their designee, to have my son/daughter treated for injuries or illness they incur during a U.K. camp, conference, or field trip activity.

In the event I cannot be contacted, I hereby give my permission for the U.K. activity director or their designee to seek advanced medical treatment for my son/daughter as deemed necessary by competent medical personnel.

I understand that the U.K. insurance coverage is on an "excess" basis only and I will be responsible for any expenses outside of the limits of U.K.'s insurance.

Authorization to Release Information

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding my medical treatment or benefits payable, including disability to any Allen Flood company, the Plan administrator or authorized personnel for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a Photostat copy of the original shall be valid for the duration of the claim.

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits for services rendered and billed as a result of this claim to be made payable to the physicians and providers indicated on the invoices.

Date _____ Signature (Parent or Guardian if claimant is a minor, under 18) _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone number: _____ Additional number: _____
during activity dates

Medical Screen Form

Medical Screen Form (to be completed by a Physician) **OR** provide a copy of a physical exam form signed by a physician indicating clearance to participate. This form must be dated within 12 months of the date of the camp.

Head	Yes	No		Asthma	Yes	No	(circle one)
ENT	Yes	No		Currently taking ANY			
Neck, Back	Yes	No		prescription medication	Yes	No	(circle one)
Heart	Yes	No		please list:			
Abdomen	Yes	No		Date of Last Tetanus Shot or Booster			
Genitalia	Yes	No		Known Allergies			
Extremities	Yes	No					

Comments _____

Sports Participation Approved: Yes No Limitations: Yes No

Physician's Signature: _____ Date: _____

Physician's Phone Number: _____

Disabilities accommodated with prior notification

KENTUCKY WINTER ELITE ID CAMP

Business Office
Joe Craft Center
338 Lexington Ave.
Lexington, KY 40506-0604



2012 Kentucky Winter Elite ID Camp

**February 11
Nutter Fieldhouse**

Winter Elite ID Camp

Would you describe yourself as a motivated and passionate soccer player? If so, we would like to invite you to the University of Kentucky Winter Elite ID camp. This program will introduce you to all aspects of the collegiate game including:

- Technical & tactical training sessions
- Talk on the College Recruiting Process
- 11 v 11 and small sided competitive games
- Strength & Conditioning for the Collegiate Player
- Extensive use of UK Athletics facilities



Jon Lipsitz
Head Coach



Michelle Rayner
Assistant Coach



Aaron Rodgers
Assistant Coach

Schedule

Saturday, February 11, 2012

8:30-9:00 am	Check-in at Nutter Field House (cash or check only)
9:00-9:15 am	Opening Remarks
9:15-10:45 am	Training Session: Possession with a purpose
11:00-11:30 am	Demonstration of strength training and conditioning for the soccer player
11:30 - Noon	Lunch
Noon-12:30 pm	College Recruiting Process
12:45 - 2:15 pm	Training Session
2:15-3:45 pm	Games
3:45-4:00 pm	Closing Remarks

NCAA rules prohibit payment of camp expenses (camp tuition, transportation, spending money, etc.) for prospects (9th grade and above) by University of Kentucky boosters. NCAA rules also prohibit free or reduced camp admissions for prospects. If you have any questions, notify camp officials prior to attending camp.

The University of Kentucky's camps and clinics are open to any and all entrants (limited only by number, age, grade level and/or gender).

How to Register

The Winter Elite ID Camp is open to female soccer players in 8th-12th grade. Please complete application and remit as soon as possible. Registration may be completed by mail or online.

Mail: Complete the attached registration form, include check or money order for full amount (\$115) or non-refundable deposit (\$50) and mail to:

**2012 Winter Elite ID Camp
Business Office - Joe Craft Center
338 Lexington Avenue
Lexington, KY 40506-0604**

Online: Register online at www.ukathletics.com/wintereliteidcamp. Full payments or \$50 deposit, by credit card and electronic checks, are accepted for online registration.

In person: In the event that space is available, walk-up registrants will be accepted. A \$10 late fee will apply for walk-up registration. **Cash or personal or cashiers/certified checks only day of registration.**

Medical Information and Requirements

The University of Kentucky requires:

1. a signed Parental Consent Statement (see reverse side),
2. proof of a physical, dated within one year of camp. (The physical may be mailed separately from the application or presented to the camp athletic trainer at check-in). Physician's Statement is acceptable in lieu of a physical, and
3. A copy of the front and back of camper's health insurance card.

Confirmation

Campers will receive a confirmation email (if email address is provided) or letter upon receipt of application and deposit. Please allow 5-7 days for confirmation via regular .

Check-in Procedures

Check-in will be at the Nutter Field House, located on the east side of Commonwealth Stadium on the campus of the University of Kentucky. Visit www.ukathletics.com/wintereliteidcamp to find directions and maps.

Checklist of Things to Bring

Soccer ball, shin guards soccer shoes, sneakers/indoor shoes and appropriate clothing for training indoors and outdoors (weather permitting). All personal items should be labeled.

Etc.

Lunch will be provided. *Each participant is responsible for her own lodging.*

Questions?

Contact Aaron Rodgers at 859-257-4971, kentuckysoccercamp@uky.edu

Visit www.ukathletics.com/wintereliteidcamp for more information or to register online.

Registration

Fill out, detach, and mail with check (payable to UK Soccer Camp) for total amount \$115 or \$50 non-refundable deposit to:

**2012 Winter Elite ID Camp
Business Office - Joe Craft Center
338 Lexington Avenue
Lexington, KY 40506-0604**

(Please Print Clearly)

February 11, 2012

Player's Name

Player's Email

Parent's Name

Parents Email for Confirmation (Please Print)

Home Address

City, State

Zip Code

Home Phone

Parent Cell Phone

Age

Graduation Year

Date of Birth

Position

High School

Club Team

To register or pay with a credit card please go to:
UKathletics.com
and follow the camps link