



**2008 NIU GIRLS SOCCER ACADEMY
REGISTRATION FORM**

Camper's Name _____

Parental Contact _____

Street Address _____

City _____ State _____ Zip _____

Home Ph _____ Day Ph _____

Parent's Email _____

Grade Completed by **June '08** _____ **Age** _____

Check one: Field Player **or** Goalkeeper School of Excellence

Adult T-shirt Size: S M LG XL

School Attending _____

Club Team _____

Roommate Preference _____

NIU Souvenir Soccer Ball (\$25 with registration)

Camp Options: Check appropriate boxes

Resident (Overnight) Commuter (Day)

Developmental Academy June 15-19

Advanced Academy July 13-17

College Prospect Academy July 13-17

Early Bird (full payment due before May 22nd)
(Resident: \$347, Commuter: \$279)

\$45 Deposit (balance due one week prior to camp)

Full Payment (after May 22nd)
(Resident: \$385, Commuter: \$310)

NIU Employee Discount
(Resident: \$347, Commuter: \$279)

Team Discount-Early Bird (full payment before May 8th)
(Resident: \$322, Commuter: \$254)

Team Discount (full payment after May 8th)
(Resident: \$360, Commuter: \$285)

Please enclose special accessibility accommodation request(s).

Total Amount \$ _____ (Make checks payable to NIU)

Mail to: NIU Huskie Sports Camps
219 Convocation Center
DeKalb, IL 60115

**To pay with a credit card and access the EZ
Online Payment Plan, please register
online at: www.niuhuskies.com**

2007 GIRLS SOCCER ACADEMY PARENTAL AUTHORIZATION / MEDICAL FORM

**CONSENT TO TREATMENT
LIMITATION AND WAIVER OF LIABILITY**

In partial consideration of our child's acceptance into the Northern Illinois Girls Soccer Academy, I/we as parents of

Camper's Name

_____ do hereby agree to limit the liability of the Northern Illinois University Sports Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Northern Illinois University Sports Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize Kishwaukee Community Hospital, University Health Service and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

PARENT OR LEGAL GUARDIAN'S NAME (printed)

SIGNATURE

DATE

PHONE: Day

PHONE: Emergency

PHONE: Cell

CAMPER'S HEALTH FORM - REQUIRED

To be completed by camper's parent or legal guardian.

CIRCLE YES/NO/NONE OR ENTER INFORMATION
ALL INFORMATION MUST BE COMPLETED IN ORDER TO PARTICIPATE IN THE CAMP.

YES/NO **Asthma** YES/NO **Convulsions/Seizures**

YES/NO **Heart Disease** YES/NO **Bleeding Disorders**

YES/NO **Diabetes** YES/NO **Rheumatic Fever**

YES/NO **Head Injury/Concussions**

Allergies To Drugs / NONE _____

Allergies To Foods / NONE _____

Current Medications / NONE _____

Chronic Or Recurring Illnesses / NONE _____

Operations/Injuries (including dates) / NONE _____

Physical Restrictions / NONE _____

Physician Name _____

Physician Telephone _____

Camper's Date of Birth ____/____/____

**INSURANCE INFORMATION - REQUIRED
(MUST ATTACH COPY OF INSURANCE CARD)**

Insured Name _____

Name of Company _____

Address _____

Policy Number _____

Phone Number _____

A doctor's release must be attached if camper is recovering from a recent illness or injury, or if he/she will be participating with a cast of splint. Note: Camp includes much physical activity. Participants are encouraged to be properly conditioned.

NON PROFIT
U.S. POSTAGE PAID
NORTHERN ILLINOIS
UNIVERSITY

NIU Girls Soccer Academy
Northern Illinois University
219 Convocation Center
DeKalb, Illinois 60115



**NORTHERN ILLINOIS
UNIVERSITY**



**Women's
Soccer Coaching Staff
and Team Present:**

**THE 2008
GIRLS SOCCER ACADEMY**

Developmental Academy

June 15-19

Advanced Academy

July 13-17

College Prospect Academy

July 13-17

OFFICIAL HUSKIE SPORTSCAMP
www.niuhuskies.com



2008 Soccer Academy

The residential camps feature instruction by collegiate and other top coaches, housing, unlimited food at all meals, athletic training services, camp t-shirt, and supervised swimming.

All soccer activities will be held on the campus of Northern Illinois University at the Huskie Soccer Complex. The complex is one of the finest soccer facilities in the Midwest.

WHO IS ELIGIBLE

The Developmental Academy is designed for girls, who have graduated from grades 4-7.

The Advanced Academy is designed for girls, who have graduated from grades 8-12.

The College Prospect Academy is designed for girls, who have graduated from grades 10-12.

Campers will be grouped by teams, age, and skill level.

HOUSING AND FOOD

All resident academy participants will be housed and fed at Grant Towers South, an air-cooled residence facility.

All efforts will be made to meet roommate preferences. In case of unavailability, roommates will be assigned based on age. Rooming lists will not be available prior to check-in. Breakfast on the first full day will be the first meal of the academy.

Commuters receive all the features of the resident camp, with the exception of overnight lodging and breakfast.

CHECK IN/CHECK OUT

All campers, including commuters, and teams will check in at Grant Towers South between 5-6 p.m. on the first day of camp. **Dinner will not be provided on the first day of camp.** Check out will begin at the residence hall at 11:30 a.m. on the final day of camp. Additional information will be provided in your confirmation letter.

WHAT TO BRING

Participants should bring blankets, sheets, a pillow, towels, a fan, toiletries, sunscreen, swimsuits, alarm clock, socks, shorts, t-shirts, sweat clothing, **A SOCCER BALL** and soccer shoes: flats/gym (turf) and molded (grass). Commuters should wear appropriate practice attire. Avoid bringing valuables, as Huskie Sports Academies are not responsible for lost/ stolen articles. A small amount of extra spending money is suggested.

INSURANCE AND MEDICAL CARE

A member of the NIU Athletic Training Staff will be on call during camp activity sessions.

A Parental Authorization/Medical Form is included and **must** be returned with the registration form. All insurance information **must** be complete or the camper **will not** participate. **All participants must have proof of medical insurance.** Campers who do not have insurance will be responsible for all medical payments.

COST

Registration fee before May 22nd - Early Bird Discount
Resident (Overnight) - \$347 Commuter (Day) - \$279
Team Resident - \$322 Team Commuter- \$254

Registration fee after May 22nd
Resident (Overnight) - \$385 Commuter (Day) - \$310
Team Resident - \$360 Team Commuter - \$285

TEAM DISCOUNT

An organized team of 10 or more individuals are invited to attend the same camp together. **Coaches must supply a roster of team members in advance of registration.** Campers who register prior to their team will not be refunded the \$25 balance. Please call 815-753-5300 to reserve your team's spot. **Team registrations must be paid in full 7 business days before camp begins.**

REFUND POLICY

There is a \$45 non-refundable fee for all cancellations made prior to camp. There will be no refund upon voluntary withdrawal or upon expulsion from the camps.

REGISTRATION METHODS

Please complete the attached registration form and parental authorization/release of information form. If applicable, confirmation will be sent via email within two business days registration receipt. If email is not an option, confirmation will be sent through U.S. Mail. Please call 815-753-5300 or email sportscamps@niu.edu with questions regarding registration, cancellation or general inquiries. For specific questions about the soccer academies call 815-753-6873.

Please note: There is a \$45 cancellation fee.

NIU Huskie Sports Camps
219 Convocation Center
DeKalb, IL 60115
Phone: 815-753-5300
E-mail: sportscamps@niu.edu

RESIDENTIAL ACADEMY DESCRIPTIONS

Developmental Academy (Ages 10-14)

This academy is designed to train elementary and junior high school players. In a challenging and fun environment, players will receive quality and individualized instruction from collegiate, club, and high school level coaches. Additionally, players will receive hands on training from collegiate players. Skill training, individual tactics, circuit training along with competitive matches highlight each day at camp.

Advanced Academy (Ages 14-18)

This academy is designed to provide top level training for high school age players. Featuring a staff of college coaches and top club coaches, players will be exposed to the next level of soccer. Advanced skill training, small group tactics, circuit training along with competitive matches highlight each day at camp.

College Prospect Academy (Ages 16-18)

This academy is designed for players with high school and club experience who wish to gain an edge in their development toward collegiate play and chance to train in a "NCAA Division I-like" college soccer environment. Many current NIU players have attended the College Prospect Academy. Additionally, players will be trained by the NIU Soccer Coaching Staff, as well as coaches from a variety of collegiate soccer programs.

Goalkeeping School of Excellence

This camp is designed for serious goalkeepers who want to get to the next level. Our special curriculum is designed to overhaul your psychological, tactical, technical and overall fitness side of the game. You will make strides through our intensive, goalkeeper only sessions and apply your improved skills in team games. **INCLUDED WITH ALL RESIDENTIAL ACADEMIES.**



WHY ATTEND THE NIU SOCCER ACADEMY WITH YOUR TEAM?

ADD A WINNING EDGE...gives your team a head start on the competition

COLLABORATE...coaches work together with a professional staff coach on tactical, technical, physical and psychological aspects of the game

BUILD FITNESS EARLY...gives your team more time to spend on tactics

EXPERIMENT...try out different systems of play in full-sided matches

LEARN AS A TEAM...players attend camp together and learn principles of play as a team, which provides a better basis for working together

BOND...build the emotional commitment that keeps a team together

CUSTOMIZE...team training sessions are geared toward the specific needs of your team

REINFORCE THE TRAINING...cooperation between team and staff coaches reinforces instruction for the players

SAVE...more economical than a tournament (hotel, food, tournament, fees)

INCREASE PRODUCTIVITY...teams train and evaluate progress in between matches rather than being stuck in a hotel room!

ONLINE REGISTRATION

IS AVAILABLE AT:

[WWW.NIUHUSKIES.COM](http://www.niuhuskies.com)



TYPICAL DAY

7:00 a.m.
7:30 - 8:30 a.m.
9:00 - 11 a.m.
11:30 - 1 p.m.
1:00 - 2 p.m.
2:15 - 3:45 p.m.
3:45 - 4:00 p.m.
4:30 - 5:30 p.m.
6:30 - 8:30 p.m.
8:45 - 9 p.m.
9:00 - 10 p.m.
10 - 10:30 p.m.
10:30 p.m.

Wake-up
Breakfast
Technical Development
Lunch
Mandatory Rest
Tactical Training
Cool Down/Stretching
Dinner
Tournament Play
Commuter Pick-up
Free Time/Swimming
In Rooms
Lights Out!