

Hotel Information:

There are two options to consider for your hotel stay on Saturday night. Please check the option below you would prefer.

Option 1: Stay in a double room with another camper. You may include a preferred roommate.

Option 2: Stay in a double room with your parent(s). (Extra fee of \$50 will apply)

_____ Option 1: Room with Another Camper

Roommate Preference _____

_____ Option 2: Room with Parent

Marriott Downtown
500 Hill Avenue SE
Knoxville, TN 37915
(800) 836-8031



UT Soccer Elite Players Camp
1600 Philip Fulmer Way
Suite 208
Knoxville, TN 37996

University of Tennessee Elite Players Camp

January 30-31, 2010

Saturday 12:00pm - Sunday 3:30pm
Girls Ages 14-18 or in High School



“Where Winners Are
Created”

For additional information please contact Joe Kirt or Keeley Dowling at:

Phone: 865-356-9654 (Joe)
865-389-0316 (Keeley)

Email: jkirt@utk.edu
kdowling@utk.edu



**NCAA Tournament Appearances: '01, '02, '03, '04, '05, '06, '07, '08
Sweet Sixteen '02, '03, '04, '06, '07**

Camp Overview

The University of Tennessee Women's Soccer Program is pleased to offer this exciting two day elite camp January 30-31, 2010. Camp will be staffed solely by the University of Tennessee women's soccer coaches: Head Coach Angela Kelly, Assistant Coaches Joe Kirt and Keeley Dowling. The camp is only open to girls currently enrolled in high school and is designed to give participants a clear understanding of what it's like to be a Lady Vol athlete, on and off the field! In order to secure your spot camper registration is due by December 1st, 2009

- Camp staff will stay at the Marriott to provide information or assistance
- Meals will include lunch and dinner on Saturday and breakfast and lunch on Sunday
- Round-trip transportation to and from (TYS) airport is available for \$20 *Please note on application if needed
- Three on field sessions
- Sunday afternoon: Men's basketball game vs. Florida
- Facility and campus tour
- Meetings with Tennessee Soccer support staff
- **Enrollment is limited to 50 players!!**

Schedule & Info

Tentative Schedule:

Saturday, January 30th, 2010

12:00 – 1:00pm	Check-in
1:00pm	Light Lunch
1:30 – 3:30 pm	Afternoon Session
4:00 pm	Campus tour
5:00 pm	Dinner
6:00 pm	Check into hotel
7:00 – 9:15 pm	Evening Games
10:30 pm	Lights out

Sunday, January 31st, 2010

7:30 am	Breakfast
8:30am - 10:30am	Morning Session
11:30 am	Check out from Hotel
12:00 pm	Lunch
1:00 pm	Vols Basketball game vs. FL
3:00 pm	Depart from UT

Location:

Check in will be at Regal Stadium from 12:00pm to 1:00pm Saturday morning.

**Regal Soccer Stadium
2121 Stephenson Drive
Knoxville, TN 37916**

What to Bring:

- ✓ Appropriate training attire for indoor or outdoor sessions (shorts, pants, long sleeve shirt, cleats, running shoes, shin guards)
- ✓ Appropriate clothes to relax in and attend the basketball game

Application

Name/Graduation Year

Address

City, State, Zip

Phone/Emergency Phone

E-mail

Parent's Name(s)

Club Team/ Position

Hotel Option

<input type="checkbox"/>	Option 1 (Stay w/ Camper)	\$ 0.00
<input type="checkbox"/>	Option 2 (Stay w/ Parent)	\$ 50.00

Select Method of Payment

<input type="checkbox"/>	Check	\$180.00
<input type="checkbox"/>	Check (Includes Air Transportation)	\$ 200.00
<input type="checkbox"/>	Check (Includes Option 2 For Hotel)	\$230.00

Flight Arrival info: Airline/Flight #/Time
Ideally between 10:30am and 12:30pm Sat.

Flight Departure info: Airline/Flight #/Time
Ideally after 4:00pm Sun.

Please send Check payable to "University of Tennessee Soccer" and signed Release & Waiver with copy of insurance card by 12-1-09 to:

**University of Tennessee Elite Camp
1600 Philip Fulmer Way
Suite 208
Knoxville, TN 37996**

**UNIVERSITY OF TENNESSEE - SUMMER SPORTS CAMPS
MEDICAL AUTHORIZATION
TO BE TURNED IN AT REGISTRATION**

NAME _____ BIRTHDATE _____

HOME ADDRESS _____
(street)

_____ (city) _____ (state) _____ (zip)

PARENTS PHONE #: HOME _____ WORK _____ CELL _____

IN CASE OF AN EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE #: HOME _____ WORK _____

FAMILY INSURANCE COMPANY _____

POLICY # _____

INSURANCE PHONE # _____

INSURANCE ADDRESS _____

******PLEASE ATTACH A COPY OF INSURANCE CARD (FRONT & BACK)******

It is important to have certain medical information so that any emergency may be taken care of as adequately as possible. Please complete the blanks below.

1. Date of last physical examination _____
2. Are you allergic to any medication? _____
3. Any other allergies (bee sting, food, etc.)? _____
4. Date of last Tetanus immunization? _____
5. Do you wear glasses? _____ Contacts? _____ Type? _____
6. Is there a history of the following: Heart condition _____ Respiratory problems _____
Dizzy spells _____ Diabetes _____ Epilepsy _____ Rheumatic
fever _____ Previous Head Injury _____
Explanation _____
7. Do you have any current injuries? _____ Please explain _____

8. Do you have any physical restrictions? _____
9. Are you currently taking any medication? _____ Specify _____

10. Other conditions? _____
11. Do you require any special taping or bracing? _____
Please specify _____

I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. Other than medical emergency, I authorize the University to examine and treat my child in the same way that University students are treated with the notification of parents being dependent on the judgment of the physician.

PARENT=S SIGNATURE _____ DATE _____

NOTE: All persons under the age of eighteen (18) are asked to have a parent or guardian complete this form as a means of saving precious time in the unlikely event of the necessity for medical treatment while on the University of Tennessee, Knoxville Campus during the summer months.

**WARNING STATEMENT
WAIVER AND RELEASE**

Participating in summer sports camp requires an acceptance of risk of injury. The University of Tennessee has taken reasonable precautions to minimize the risk of significant injury by providing competent coaching and instructions, well-maintained equipment and facilities, proper conditioning and good medical care.

The chances of an athlete sustaining a catastrophic sports injury are extremely remote, yet understand that serious injuries can happen to anyone. Participation in your sport could result in death, serious nerve and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being.

Each one of you risk becoming tragically injured.

With this understanding, the undersigned do hereby WAIVE and RELEASE the University of Tennessee, faculty, and staff, from all liability, arising out of any sickness or injury, including death, that may occur while participating in a summer sports camp.

STUDENT=S NAME (please print) _____

STUDENT=S SIGNATURE _____

DATE _____

PARENT=S NAME (please print) _____

PARENT=S SIGNATURE _____

DATE _____

(PLEASE MAKE SURE THAT YOU HAVE SIGNED THIS FORM PROPERLY - PARENT=S NAME MUST BE PRINTED ONE TIME AND SIGNED TWO TIMES - STUDENT=S NAME MUST BE PRINTED ONE TIME AND SIGNED ONE TIME - **IF THIS FORM IS NOT SIGNED PROPERLY, THE STUDENT WILL BE NOT ADMITTED TO CAMP.**)

******BRING MEDICAL FORM WITH YOU TO CAMP REGISTRATION******

THANK YOU!!!