

Please indicate the following information below.

No camp application is complete without this information.

Health Insurance

Company: _____

Policy #: _____

Physician Information

Doctor: _____

Phone #: _____

In case of an emergency, it is necessary for us to have both home and work telephone numbers for the camper's parent/guardian.

Home #: _____

Work #: _____

Camper's Name: _____

I (please print) _____
Parent/guardian of above camper, hereby authorizes the staff of the University of Massachusetts to act for me according to their best judgement in any emergency requiring medical attention for the above camper. I hereby waive and release the University, its corporators, employees, students, and agents from any and all costs, liability and expense for any personal injuries or illness in any way related to participation in the clinic program. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp program, as outlined in this brochure. I also understand the Academy retains the right to use, for publicity and advertising purposes, photographs of campers participating in the camp program.

Parent/Guardian Signature

Date: _____

MASSACHUSETTS SOCCER



- 15 Appearances in NCAA Tournament
- 6 Appearances in NCAA Final Four
- 5 Atlantic-10 Championships

INDIVIDUAL SUCCESS

- 40 All-Americans
- 60 All-New England honorees
- 60 All-Atlantic Region Selections
- 8 Atlantic 10 Players of the Year
- 4 Atlantic 10 Tournament MVP's
- NCAA Tournament MVP
- Missouri Athletic Club/Adidas GK of the Year
- National Player of the Year-Hermann Trophy
- 3 United States National Team Players
- 4 Players in the WUSA



JULY 19-JULY 22, 2012



TEAM CAMP

**HIGH SCHOOL GIRLS
FRESHMAN-SENIORS**



www.matzsocceracademy.com

ACADEMY DIRECTOR



Ed Matz

Women's Head Coach

Ed, the Head Women's Soccer Coach at the University of Massachusetts, has put together an outstanding camp for 2012. He is the former coach at Northeastern University and has won over 200 games at the NCAA Division I level. He has won two conference championships, three regular season championships and been named the Conference Coach of the Year five times.

ACADEMY STAFF

Brendan Faherty UMASS Assistant Coach

Rebecca Capinera UMASS Assistant Coach

Scott McBride: University of Bridgeport Assistant Coach

CAMP INFORMATION

LOCATION: Rudd Soccer Complex
University of Massachusetts
Amherst, MA 01003-9253

CHECK-IN LOCATION: Boyden Gym
131 Commonwealth Ave
Amherst, MA 01003-9253

DIRECTIONS: www.umassathletics.com

INSURANCE: Athletes must provide their own insurance. The clinic has an athletic trainer on duty at all times.

REFUNDS: Processing fee. No Refunds without 14 day notice.

WHAT TO BRING: A detailed letter with check-in information, required documents, directions, and what to bring list will be mailed by July 1, 2012.



TEAM PHILOSOPHY

The Matz Soccer Academy will offer personalized training sessions specifically designed for your team to gain an edge on the competition. The Matz Soccer Academy is dedicated to helping everyone become a Champion. Each team must consist of 13 or more players.

CAMP SCHEDULE

THURSDAY-SATURDAY

8:00 AM	Wake-up
8:15 AM	Breakfast
9:00 AM	Check In for commuters
9:15-9:30 AM	Ball Warm-up and Stretching
9:30-10:10 AM	Catz Training
10:15-11:00 AM	Technical Training I
11:05-11:45 AM	Technical Training II
Noon-1:30 PM	Lunch Free Time
1:30 PM-2:05 PM	Tactical Session I
2:10 PM-2:45 PM	Tactical Session II
2:50 PM -3:30 PM	Small Sided Games
3:45 PM-4:45 PM	Free Time/Pool
5:00 PM	Dinner
6:15 PM-8:15 PM	II v I Match Play

SUNDAY

9:15 AM-11:30 AM	World Cup Full Sided Match Play
11:30 AM-12:00 PM	Check Out

CLINIC TUITION

Teams must consist of 13 players or more.

TEAM RESIDENTIAL CAMPERS
PRIOR TO 7/1: \$425.00
AFTER 7/1: \$555.00

TEAM DAY CAMPERS
\$390.00

Deposit of \$200.00 Due with Application
Register Online @ matzsocceracademy.com

APPLICATION

Name: _____

Address: _____

Street

City

State

Zip

Phone: _____

Date of Birth: _____ Age: _____

HS GPA: _____ Possible Major: _____

High School: _____ Graduation Year: _____

Email: _____

Club Team: _____

Position: _____

Please make checks out to: Ed Matz

MAIL TO: Ed Matz
65 Farmington Ave,
Longmeadow, MA 01106
Phone: 413-545-4343
Fax: 413-545-1404

Email: edmatz@admin.umass.edu