Spartan Women’s Soccer ID Camps

Entering 9th grade and older
These camps are intended for serious players that have a strong desire to play at the highest level of college soccer. Campers will work directly with the Michigan State Women’s Coaching staff and other university coaches for an elite training opportunity and recruiting exposure.

Registration:
Park at Jenison Fieldhouse Lot 67, Football Stadium Lot 79 or any pay by plate lot on campus. You will be given a parking code in your confirmation of enrollment email for complimentary parking at any pay by plate lots. All check-in is at Demartin Soccer Complex.

ID Camps

June 9
Check in: 12:45 p.m.
Check out: 4:30 p.m.
Camp fee: $175.00
*No meals

July 12
Check in: 12:45 p.m.
Check out: 4:30 p.m.
Camp fee: $175.00
*No meals

August 17
Check in: 12:45 p.m.
Check out: 4:30 p.m.
Camp fee: $175.00
*No meals

Elite Prospect Camp

July 20
9:00 a.m. - 4:30 p.m.
Camp fee: $295.00
*No meals

July 21
9:00 a.m. - 4:00 p.m.

sport specific equipment to bring to camp:
- Soccer cleats
- Shin guards
- Sunblock
- Running/Indoor shoes
- Water bottle
- Pumped up soccer ball
- Wear grey/white t-shirt

This Summer We Train Like Spartans!

www.sportcamps.msu.edu @msumsoccer and MSU_WSOCCER
Spartan Women’s Soccer ID Camps

CAMP INFORMATION

What is the Refund Policy?
If a camper is unable to attend camp prior to the start of camp and they notify the camps office prior to the start of camp, they are entitled to a refund minus a $55.00 cancellation fee if you mailed/faxed in your application or a $30.00 cancellation fee if you registered online provided you canceled prior to the first day of camp. All refund requests must be submitted in writing to the camps office prior to the first day of camp and the appropriate cancellation fee will be charged regardless of the reason for cancellation. Allow 3-5 business days for refund back on credit cards and 2-4 weeks for check refund. No refund for any reason including injury or illness will be given once a camper is on campus. Written refund requests can be submitted via fax or email. The fax number is (517)355-6891 or the email address is msucamps@msu.edu. Please do not call or leave a message requesting a refund on the camps office line.

Check-In/Check-Out
Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

Medical Policy
Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.
*Bring a lunch

REGISTRATION INFORMATION

Register online at www.sportcamps.msu.edu or complete the attached application. Full payment by either check, MasterCard, VISA, Discover or American Express must accompany the application. Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12-15 business days.

MSU Sport Camp Policy
Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

IMPORTANT PARKING INFORMATION

A parking validation link for complimentary parking in our pay by plate lots will be provided in your confirmation of enrollment email. Please refer to maps.msu.edu for lot locations and lot numbers.

MSU Sport Camps are open to any and all entrants (limited only by number, age and grade level).

www.sportcamps.msu.edu
Soccer Camp Application
Hosted by Women’s Soccer

REGISTER AT WWW.SPORTCAMPS.MSU.EDU

PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name
Address
City    State  Zip

Parent or Guardian
Can we contact your camper directly?

Parent Cell / Camper Cell
Parent E-mail
Camper E-mail
School / Club Team

Grade in September: ___________________________ Age: ______________
High School Graduation Year: ___________________________
Position: ________________
Sex: _____ Date of Birth: ____________ Ht: ________ Wt: __________
Youth Shirt Size: □ Large
Adult Shirt Size: □ Small □ Medium □ Large □ X-Large □ XX-Large
(Shirts run Big)

Please enroll me in the following Soccer camp:
Camp Date          Session (select one)       Fee
JUNE 9             ID Camp                   □ $175.00
JULY 12            ID Camp                   □ $175.00
AUGUST 17          ID Camp                   □ $175.00
JULY 20-21         Elite Prospect Camp      □ $295.00

U.S. FUNDS ONLY.
Please make checks payable to MICHIGAN STATE UNIVERSITY

Check one:  □ Check  □ Mastercard  □ VISA  □ Discover  □ American Express

Card Number

3 digit security code     Exp. Date

Amount of Check/Charge enclosed

* we will not accept checks within 10 calendar days of camp start date.

Medical Treatment Authorization Form

Participant’s Name ___________________________ DOB / / __________
What Sport: Hosted by Women’s Soccer
Date of Camp: ___________________________

Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

2. List any medications currently taking:

3. List any allergies:

In case of emergency please contact:
Name

Daytime Telephone
Evening Telephone

Insurance Information:

Name of Medical Insurance Company
Insurance Company Telephone

Name of Insurance Policy Holder
Policy Holder DOB

Medical Insurance Policy Number
Medical Insurance Group# (if appl)

__________________________________________, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant’s medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian)  Date

Send Application and Medical Treatment Form with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
535 Chestnut Rd, W239
Spartan Way, East Lansing, MI 48824
Pick-up, Drop-off, and Commuter Permission Form

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant’s emergency contact for the following instances:

- The participant’s parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion.
- The participant’s parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.).
- The participant’s parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program’s drop-off process.
- The participant’s parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program’s pick-up process.
- The participant’s parents/guardians authorize the participant to commute independently to and from the specified youth program.

PARTICIPANT’S NAME: ________________________________________________________________________________________________________

PROGRAM NAME: _____________________________________________________________________________________________________________

Permission for Early/Alternative Release

I, ____________________________________________________________, parent/guardian of ________________________________________________, grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Participant</th>
<th>Phone Number</th>
<th>Date/Time of Release</th>
<th>Date/Time of Return</th>
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Permission for Youth Participant to Commute Independently

I, ____________________________________________________________, parent/guardian of ________________________________________________, permit the youth program participant to commute independently to and from the specified youth program.

Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: ____________________________________________ Date of Signature: __________________________

Parent/Guardian Work Phone: ___________________ Parent/Guardian Cell Phone: ___________________

Parent/Guardian E-mail: ____________________________________________
Parent/Guardian Consent Form

I grant permission for (Print participant’s name) to participate in all educational, physical and social activities of the following MSU Sport Camp (Please write in sport and date of camp).

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks. I also understand that my child has occupied a camp spot and therefore, once camp has begun there will be no refunds for any reason, including injury or illness.

I have read the session descriptions and approve of my child’s selections. I accept any risks associates with the assigned sessions and selected recreational activities.

I understand that my child has a role to play in regards to his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(PLEASE PRINT)

Parent or Legal Guardian: ____________________________

Signature: _________________________________________________________________________________________

Date: ____________________________________________________________________________________________

Michigan State University Media Release Form

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU to record the image and voice of the subject named below and I give MSU, and all those acting with MSU’s approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

Print subject’s name: ________________________________________________________________________________

Signature of Parent/Guardian of minor participant or of participant aged 18 and up: ____________________________

Date: ____________________________ Date: ____________________________ Date: ____________________________ Date:
WHAT IS A CONCUSSION?
A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?
Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

SYMPTOMS REPORTED BY ATHLETE:
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”
CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

Content Source: CDC’s Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).