

**Insurance Information**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

University of Kentucky camp activities are covered by Allen J. Flood Company Insurance. 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 UK Risk Management website at <http://www.uky.edu/VPAdmin/Controller/riskhome/excess.html>.

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

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

Signature (Parent/Guardian if claimant is a minor under 18) \_\_\_\_\_ Date \_\_\_\_\_

 Disabilities accommodated with advanced (4-6 weeks) notification.

**Consent to Medical Treatment and Insurance Statement**

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

In the event I cannot be contacted, I hereby give my permission for the UK 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 UK insurance coverage is on an "excess" basis only and I will be responsible for any expenses outside of the limits of UK'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 J. 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.

Signature (Parent/Guardian if claimant is a minor under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Additional number: \_\_\_\_\_

During Activity Dates

**Medical Screen Form**

**Medical Screen Form:** (completed by a Physician) **OR** provide a copy of a physical exam form signed by a physician indicating clearance to play.

Head	Yes	No	
ENT	Yes	No	
Neck, Back	Yes	No	
Heart	Yes	No	
Abdomen	Yes	No	
Genitalia	Yes	No	
Extremities	Yes	No	

Asthma	Yes	No	(circle one)
Currently Taking ANY			
Prescription Medication?	Yes	No	(circle one)
Please list:			
Date of Last Tetanus Shot or Booster:			
Known Allergies:			

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_



Kentucky Soccer - High School Camp  
 Business Office  
 Joe Craft Center  
 338 Lexington Avenue  
 Lexington, KY 40506-0604



**2009**  
**University of**  
**Kentucky**  
**High School Camp**

**February 14 - 15, 2009**

Each player will receive a written evaluation and a DVD highlighting action from a training session!

Non-Profit  
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 Lexington, KY

# High School 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 High School Camp. This two-day program will introduce you to all aspects of the collegiate game including:

- ☆ Strength & conditioning for the collegiate soccer player
- ☆ Technical & tactical training sessions
- ☆ Academics for student-athletes
- ☆ Use of video analysis in college soccer
- ☆ 11 v 11 and small sided competitive games
- ☆ UK soccer coaches will use their 35 years of Division I experience to answer questions about recruiting.
- ☆ Extensive use of UK Athletics facilities

## Schedule

### Saturday, February 14

10:30—11:00 am	Check-in at Nutter Field House
11:15 am	Opening Remarks
11:30 am - 1:15 pm	Training Session: Possession with a purpose
1:30 - 2:15 pm	Lunch
2:30 - 3:15 pm	Demonstration of strength training and conditioning for the soccer player
3:30 - 5:15 pm	Games
5:30 - 6:30 pm	Dinner
6:30 - 7:30 pm	Question & Answer period about collegiate soccer
7:45 - 9:30 pm	Small Sided Tournament

### Sunday, February 15

7:30 - 8:15 am	Warm-up
8:30 - 10:30 am	Training Session: Finishing exercises of top level players
10:45 - 11:45 pm	Lunch
12:00 - 12:45 pm	Seminar: Use of video analysis in college soccer
1:00 - 2:45 pm	Games
3:00 pm	Closing Remarks and Check-out

*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.*

# How to Register

The High School Camp is open to male soccer players ages 15-18. 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 (\$190) or non-refundable deposit (\$50) and mail to:

**2009 Kentucky Soccer High School Camp  
Business Office - Joe Craft Center  
338 Lexington Avenue  
Lexington, KY 40506-0604**

**Online:** Register online at [www.ukathletics.com](http://www.ukathletics.com) (follow camp links). 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.

### 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 mail.

### 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. Maps are available on the UK Athletic Department website: [www.ukathletics.com](http://www.ukathletics.com).

### Checklist of Things to Bring

Soccer ball, shin guards soccer shoes, sneakers/indoor shoes. All personal items should be labeled.

### Etc.

Lunch & dinner provided on Saturday; Lunch provided on Sunday. **Each participant is responsible for his own lodging.**

### Questions?

Contact the High School Camp Coordinator, Matt Wilkerson at [mattwilkerson@uky.edu](mailto:mattwilkerson@uky.edu) or 859.699.0038.

# Registration

Fill out, detach, and mail with check (payable to UK Soccer Camp) for total amount (\$190) or \$50 non-refundable deposit to:

**2009 Kentucky Soccer High School Camp  
Business Office - Joe Craft Center  
338 Lexington Avenue  
Lexington, KY 40506-0604**



(Please Print Clearly)

Player's Name \_\_\_\_\_

Player's Email \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parents' Email Address (For Confirmation) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Graduation Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Position \_\_\_\_\_

High School \_\_\_\_\_ Club Team \_\_\_\_\_