GIRLS RESIDENTIAL CAMP DATES:
Wednesday, July 26th – Saturday, July 29th, 2017
**Check-in/Move in will be from 12pm – 2pm on Wednesday, July 26th**

APPLICATION DEADLINE: July 1st, 2017
**Limited camp space available. First come, first served.**

**GRADES:**
7th – 12th

HIGH SCHOOL DIVISION: This division is for grades 9 – 12 and geared towards female players with a strong desire to advance their technical/tactical knowledge of the game, prepare for the high school season and/or play soccer in college. Each player will train with a college coach and will be provided a written evaluation by their coach at the end of camp. Goalkeepers will train specifically with a goalkeeper coach during all technical and tactical sessions. Additional programming for this division will include: a college recruitment Q&A, leadership workshop and best practices to develop your skill.

MULE PACK DIVISION: This division is for grades 7 – 8 and geared towards female players looking to develop technically and tactically regardless of their current level of play. Training sessions, games and additional programming is geared towards players learning, growing and finding new ways to have fun.

WHO WE ARE & WHAT WE DO
We are committed coaches who are passionate about the development, growth of soccer players technically, tactically, physically and psychologically. We aim to coach the complete player in a positive, encouraging environment that builds confidence, self-esteem and social awareness.

Program Director: Kristin Shaw
- Current Head Coach, Colby College
- Former Assistant Coach, Villanova University
- Region 1 ODP Senior Staff Member
- USSF C License, NSCAA Advance National Diploma

**Additional staff to be announced – Stay tuned for updates about your coaches and camp counselors.**

**An AT certified trainer will be on staff and in residence during camp.**

CAMP FEE:
$550 (Before May 15th, 2017)
$595 (After May 15th, 2017)

EACH PLAYER RECEIVES
Elite Mule Soccer Academy T-Shirt
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00am</td>
<td>Warm up</td>
</tr>
<tr>
<td>9:30am</td>
<td>Technical session, 4v4, GK Training</td>
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<tr>
<td>11:30am</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm</td>
<td>Campus Tour/Bookstore</td>
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<tr>
<td>2:00pm</td>
<td>Small-sided games (Tactical Topic)</td>
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<tr>
<td>4:00pm</td>
<td>Free time/ Swim</td>
</tr>
<tr>
<td>5:00pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>6:30pm</td>
<td>Evening Games</td>
</tr>
<tr>
<td>8:00pm</td>
<td>Return to Dorms</td>
</tr>
<tr>
<td>8:45pm</td>
<td>Camp meeting/games</td>
</tr>
<tr>
<td>9:30pm</td>
<td>In rooms/Lights out</td>
</tr>
</tbody>
</table>

**Arrival/Departure**
Registration begins at 12pm on Wednesday, July 26th (Location TBD)

**Campers should eat lunch before arriving**

Camp ends at 12 NOON (prior to lunch) on Saturday, July 29th

**Pick up all campers at dorms** (Dorm TBD)

**FACILITIES**
All training sessions and games will be held on the campus of Colby College. All campers will stay in beautiful dormitories, enjoy all meals in a top-notch dining hall and access to quality athletic facilities.

**VISITOR INFORMATION**
AIRPORTS
Portland International Airport, Portland, ME: 1 hour 15 minutes away
Bangor International Airport, Bangor, ME: 1 hour 15 minutes away
Logan Airport, Boston, MA: 3 hours away

For Information on transportation and directions, visit [http://www.gocolbymules.com](http://www.gocolbymules.com)
You can find it on the map of the campus and athletics facilities on this website.
NAME: ________________________________________________________________

ADDRESS: ______________________________________________________________

TEL: (Home) ____________________ (Cell)________________________ EMAIL*: __________________________

Please provide a reliable email address and print clearly. All communication regarding the camp will be done via email, including confirmation and important camp information. If you do not get a confirmation within 1 week of sending in your application, please email Kristin.shaw@colby.edu

PARENT/GUARDIAN: ______________________________________________________

GRADUATION YEAR: ______ PRIMARY POSITION: ____________________

SECONDARY POSITION: ____________________

CLUB TEAM: __________________________________________________________

HIGH SCHOOL: ______________________________________________________________________________________

ROOMATE REQUEST (Request must be mutual to guarantee): __________________

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Waiver of Liability, Assumption of Risk, and Emergency Contact

Event: Elite Mule Soccer Academy

Player Name:________________________________________________________________

Parent/ Guardian Name:____________________________________________________

Address: __________________________________________________________________

Phone:________________________________

In consideration of being allowed to participate in any way in the above activity, related events and activities, I the undersigned, acknowledge, appreciate and agree that: The risk of injury from the activities involved in this sport event is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold Elite Mule Soccer Academy, or Colby College and their officers, officials, agents and employees, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature:_________________________________________ Date: __________________

(If participant is under the age of 18, parent/legal guardian signature)

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that Elite Mule Soccer Academy does not provide medical insurance coverage. Insurance must be provided by participant. In the case of injury or medical emergency and in the event participant, or their parent or guardian cannot respond at the time of the emergency,
Elite Mule Soccer Academy has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant’s welfare, and it is understood that participant, and not Elite Mule Soccer Academy shall be responsible of any and all charges for such health care services.

Signature: ___________________________ Date: ___________________________

(If participant is under the age of 18, parent/legal guardian signature)

Printed Name: ___________________________ Phone: ___________________________

Medical and Emergency Information

In anticipation of my child’s participation in the camp program, I certify that I have consulted with my child’s physician and that my child has been medically cleared for camp-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child’s participation in this program. I understand that my child will not be allowed to participate in this program with medical insurance coverage as documented below.

Insurance Provider: ___________________________ Policy #: ___________________________

Policy Holder’s Name: ___________________________ Date of last tetanus shot: __________

List any & all medications: ________________________________________________________

List any medical condition or history that would require special attention (e.g., medication or food allergies, asthma, diabetes, epilepsy) also, please provide treatment protocol (e.g. inhaler, Epipen, insulin):

______________________________________________________________________________

______________________________________________________________________________

Please let us know if there are special arrangements or restrictions for easy dismissal or retrieving your child at the end of an overnight camp session.

Name of the person or persons to whom we may release your child: ____________________

ALL CHECKS SHOULD BE MADE PAYABLE TO:
Elite Mule Soccer Academy
Memo: Soccer Camp 2017
($550 before May 15th/$595 after May 15th)
**$250 deposit due with registration. Payment in full due by June 26th, 2017. There is a $250 non-refundable cancellation fee.**

PLEASE SEND COMPLETED APPLICATION & PAYMENT TO:
Colby College
Kristin Shaw
Head Women’s Soccer Coach
4938 Mayflower Hill
Waterville, ME 04901

NEED MORE INFORMATION?
Contact Kristin Shaw, Colby College Head Coach
kristin.shaw@colby.edu or 207-859-4938

Release of Liability/Risk Acknowledgement

Upon entering events sponsored by Colby College, I/we agree to abide by the rules of Colby College. I/we understand and appreciate that participation or observation of the sport constitutes the possibility of serious injury to me/us, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release Colby College and its staff from any liability therefore.

PARTICIPANT SIGNATURE: ___________________________ PARENT/GUARDIAN SIGNATURE: ___________________________