

Arizona Soccer Club  
Summer Residential Camp



ARIZONA SOCCER CLUB

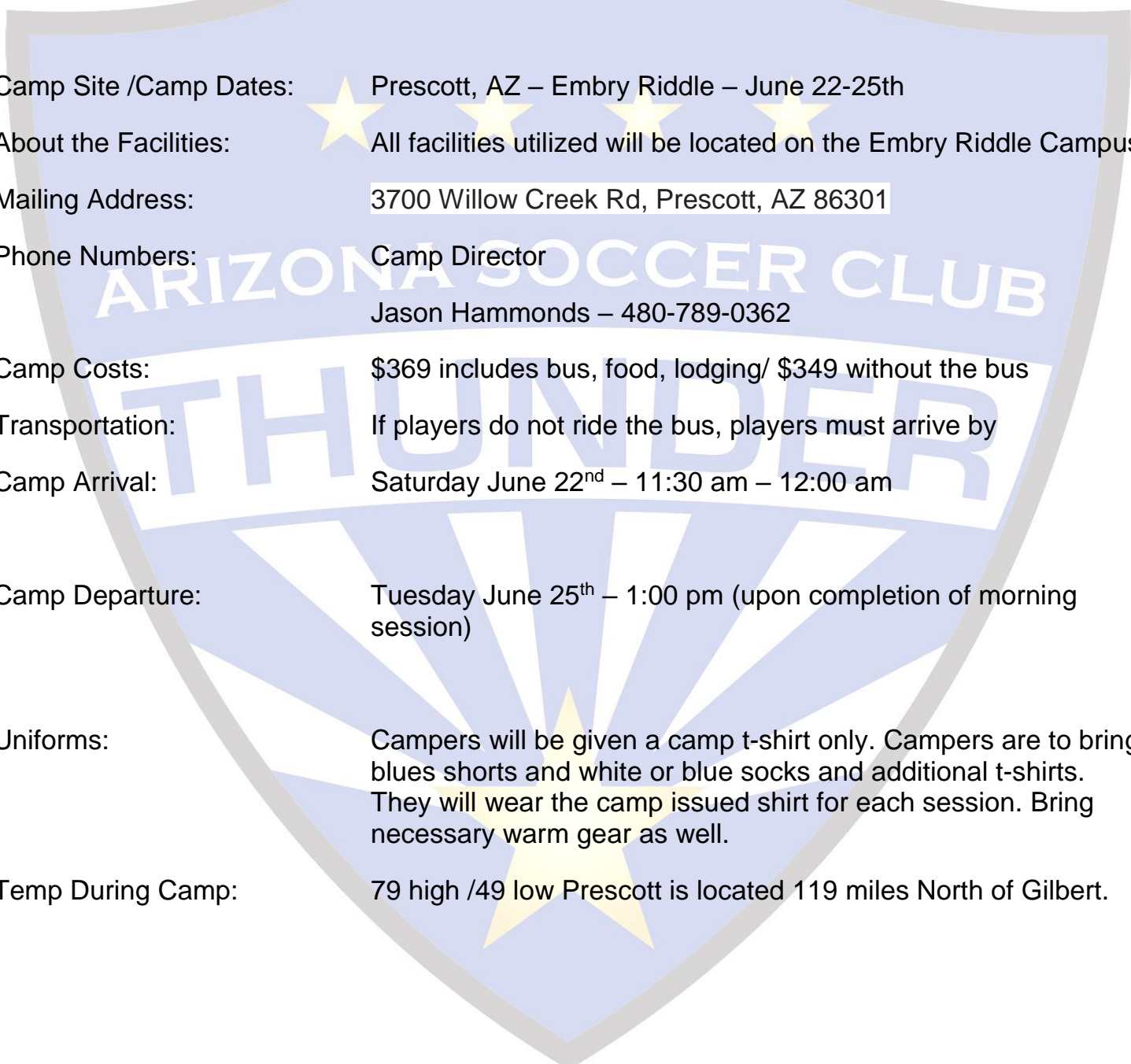
THUNDER



## GENERAL CAMP INFORMATION

---

This soccer camp is administered and run by Arizona Soccer Club. All players attending must be registered with Arizona Soccer Club or have permission from their respective club. Chaperones and coaches are the only members who may enter the dorms, parents not permitted. **This event is closed to all parents and families unless chaperones or coaches.**

- 
- Camp Site /Camp Dates: Prescott, AZ – Embry Riddle – June 22-25th
- About the Facilities: All facilities utilized will be located on the Embry Riddle Campus
- Mailing Address: 3700 Willow Creek Rd, Prescott, AZ 86301
- Phone Numbers: Camp Director  
Jason Hammonds – 480-789-0362
- Camp Costs: \$369 includes bus, food, lodging/ \$349 without the bus
- Transportation: If players do not ride the bus, players must arrive by
- Camp Arrival: Saturday June 22<sup>nd</sup> – 11:30 am – 12:00 am
- Camp Departure: Tuesday June 25<sup>th</sup> – 1:00 pm (upon completion of morning session)
- Uniforms: Campers will be given a camp t-shirt only. Campers are to bring blues shorts and white or blue socks and additional t-shirts. They will wear the camp issued shirt for each session. Bring necessary warm gear as well.
- Temp During Camp: 79 high /49 low Prescott is located 119 miles North of Gilbert.

At Camp:

For all players - ***EARLY IS ON TIME, ON TIME IS LATE!***

All players should keep their belongings in a neat and safe manner. ALWAYS lock your dorm room door and take your key. **Lost key charge is \$300.**

Be aware of risk management procedures. No parents allowed in dorm (except when checking in and out). Blinds in the room should be drawn at all times. Players should be fully clothed outside their room. All players should travel in-groups of 3 or more and must be accompanied if outside the dorm.

★ Lots of water is encouraged. Rooms have refrigerators so please plan accordingly. Please bring a water bottle

Food restrictions will be given in dining hall during camp. (ex. no ice cream, cookies in between sessions).

**Check several times a day for updates to schedules. Schedule updates will be posted at dorms.**

Player cell phones must be kept in dorm rooms. No player cell phones will be allowed at the field, in the cafeteria or in meetings. No cell phone usage after lights out.

Curfews will be enforced - we all need our rest. Be considerate of others on your floor.

Respect everyone and all facilities. We are guests at Embry Riddle. Leave the place cleaner than you found it, treat employees with respect and please follow all rules. Room cleaning fees will be charged to parents if a fee is assessed by Embry Riddle.

Shoes or sandals must be worn at all times when outside of your own dorm room. This includes your own floor. Remember, a player's feet are a very valuable asset!

Camp directors and staff will handle any behavior problems. Problems will be handled first by your staff/chaperone. If necessary, AZSC Directors will step in to assist or take over or impose more consequences.

Please gather all of your belongings and any trash when exiting the fields or meeting rooms.

## Camper Checklist

### Things To Bring:

- ✓ (Regular twin) bedding, pillow, pillowcase, blanket or sleeping bag
- ✓ Towels
- ✓ Toiletry items
- ✓ Any prescription medicine needed
- ✓ Sleepwear
- ✓ Blindfold for Thunder Team Bonding
- ✓ Tryout Shirt
- ✓ Sunscreen
- ✓ Soccer shoes
- ✓ Tennis shoes
- ✓ Shin guards
- ✓ Ball
- ✓ Water bottle
- ✓ Four-day supply of socks, underwear, shirts, shorts due to multiple sessions in one day,
- ✓ Warm clothes
- ✓ Light Jacket
- ✓ **Water, Gatorade, Snacks. There are refrigerators in the rooms.**

**Additional Items (Optional):** Bug/Mosquito Spray, Sweatshirt/Sweatpants, Fan.

**Ball:** **Every camper MUST bring a soccer ball to camp.**

**Cash:** We recommend \$20 - \$30 for spending money. There is also a campus store.

**Each Camper Will Receive:** 1 Camp T-Shirt Please bring your Tryout shirt as well.

**Medical Information:** **A camper is not allowed to compete unless we have a fully completed health consent form and a health history form.**

**Key Deposit:** For lost keys, your credit card on file will be charged \$300 immediately. If the card is declined then \$300 in cash will need to be paid immediately.

## GENERAL CAMP RULES & REGULATIONS HOUSING AND LEISURE TIME

Players are responsible for their own behavior. (Behavior is to be exemplary at all times.)

Players are not permitted to stay up past lights out, talk on the phone, or be out of their room

Players must be on time to all activities.

Mealtimes are mandatory.

Players must stay on campus at all times. Players are not allowed on the floor housing of the Staff.

Players must be in groups of no less than three at all times. This includes all times outside the room including attending meals and sessions.

Keep room and belongings in a neat manner. Money and valuables should be kept in a safe place. Close doors quietly and be sure to always keep it locked.

At checkout, rooms must be clean with the floor swept and all trash removed.

No one other than players or staff/chaperones can be inside rooms. People who violate this rule are trespassing and will be removed by the security personnel.

## GENERAL CONDUCT

Players are to be courteous to teammates, coaches, administrators, dorm and university personnel, and opponents. They, in turn, will be treated in the same manner.

All players must attend all training sessions and meals.

Report all injuries and illnesses to camp staff before leaving the fields.

Rule violations may result in removal from camp.

The Camp Director should only be called in an emergency. General camp questions should be e mailed to [jason.hammonds@arizonasoccerclub.com](mailto:jason.hammonds@arizonasoccerclub.com). We appreciate you choosing to attend Arizona Soccer Club Residential Camp.

# Arizona SC Residential Camp Saturday June 22<sup>nd</sup> – Tuesday June 25<sup>th</sup>

**TENTATIVE**

**CHECK IN: JUNE 22<sup>nd</sup> – 11 AM**

**CHECK OUT – JUNE 25<sup>th</sup> – 1 PM**

## **DAY ONE - Saturday (June 22, 2019)**

8:00 am – 9:00 am	Check in at AZSC Office and Load Buses
9:00 am	Depart AZSC office - Bus
11:30 – 12:00 am	Room Check in at Embry Riddle ( <i>all campers</i> )
12:00 pm	<b>Lunch</b>
1:00 pm	Camp Orientation (all)
1:30 – 2:45 pm	Thunder Team Building
3:00 – 4:30 pm	Team Training
5:00 pm	<b>Dinner</b>
6:00 pm – 7:30 pm	Team Training
7:30 pm – 9:00 pm	Free Time
9:00 pm	Team Meetings
9:30 pm	In Rooms
10:00 pm	Lights out

## **DAY TWO - Sunday (June 23, 2018)**

7:00 am	Wake up
8:00 am	<b>Breakfast</b>
9:00 – 10:30 am	11v11 Team Training (9v9 Hike or Team bonding, etc...)
10:30 – 12:00pm	9v9 Team Training (11v11 Hike or Team bonding, etc...)
12:00 pm	<b>Lunch</b>
1:00 pm – 2:30 pm	Thunder Team Building/Camp Photo
2:30 pm – 3:30 pm	9v9 Speed & Agility / 11v11 Free Time w/Chaperone
3:30 pm – 4:30 pm	11v11 Speed and Agility / 9v9 Free Time w/ Chaperone
5:00 pm	<b>Dinner</b>
6:00 pm – 7:30 pm	11v11 Team Scrimmages (9v9 Crossing & finishing)
7:30 pm – 8:30 pm	9v9 Team Scrimmages (11v11 Crossing Finishing)
9:00 pm	Team Meetings
9:30 pm	In Rooms
10:00 pm	Lights out

### **DAY THREE - Monday (June 24, 2018)**

7:00 am	Wake up
8:00am	<b>Breakfast</b>
9:00 – 10:00 am	Team Bonding
10:30 – 11:45 pm	All Teams Circuit Technical Training
12:00 pm	<b>Lunch</b>
1:00 pm – 2:15 pm	Thunder Team Building
2:30 pm – 4:00pm	Team Training
5:00 pm	<b>Dinner</b>
6:00 pm – 9:00pm	4v4 World Cup tournament (All)
9:00 pm	<b>Pizza</b>
10:00 pm	In Rooms
10:30 pm	Lights out

### **DAY FOUR - Tuesday (June 25, 2018)**

7:30 am	Wake up
8 am	<b>Breakfast</b>
9:00– 10:15 am	Thunder Team Building
10:30 – 11:30 am	Dorm Clean up and check out
12:00 pm	<b>Lunch and Bus Boarding</b>

# MEDICAL HISTORY QUESTIONNAIRE –ARIZONA SOCCER CLUB

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ - \_\_\_\_ - \_\_\_\_ GENDER: M \_\_\_\_ F \_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

PLEASE CIRCLE "NO" OR "YES" AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED ON BOTH SIDES OF THIS FORM. ALL INFORMATION WILL BE CONFIDENTIAL.

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc)? **NO** \_\_ **YES** \_\_ (list) \_\_\_\_\_
2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, Anti-inflammatories, antibiotics, etc.)? **NO** \_\_ **YES** \_\_ (List and give reason) \_\_\_\_\_
3. Have you ever had an epileptic seizure **NO** \_\_ **YES** \_\_ \_\_\_\_\_
4. Have you ever been told by a doctor that you have epileps **NO** \_\_ **YES** \_\_ (List medication) \_\_\_\_\_
5. Have you ever been treated for diabetes? **NO** \_\_ **YES** \_\_ \_\_\_\_\_
6. Have you ever been told by a doctor that you were anemic **NO** \_\_ **YES** \_\_ When? \_\_\_\_\_
7. Have you ever been told by a doctor that have sickle cell anemia? **NO** \_\_ **YES** \_\_ \_\_\_\_\_
8. Do you or have you ever had high blood pressure? **NO** \_\_ **YES** \_\_ (List medication) \_\_\_\_\_
9. Do you or have you ever had the following diseases?  
**NO** \_\_ **YES** \_\_ (give date) \_\_\_\_\_ heart disease (heart murmur, rheumatic fever)  
**NO** \_\_ **YES** \_\_ (give date) \_\_\_\_\_ lung disease (pneumonia)  
**NO** \_\_ **YES** \_\_ (give date) \_\_\_\_\_ kidney disease (infectious)  
**NO** \_\_ **YES** \_\_ (give date) \_\_\_\_\_ liver disease (mononucleosis, hepatitis)
10. Do you or have you ever been told by a doctor that you have asthma? **NO** \_\_ **YES** \_\_ (list medication) \_\_\_\_\_
11. Do you or have you ever had a hernia or "rupture"? **NO** \_\_ **YES** \_\_ Has it been repaired \_\_\_\_\_ Date \_\_\_\_\_
12. Have you ever been "knocked out" (unconscious) in the past 3 years? **NO** \_\_ **YES** \_\_ (list dates) \_\_\_\_\_
13. Have you had a concussion or other head injury in the past 3 years? **NO** \_\_ **YES** \_\_ (list dates) \_\_\_\_\_
14. Have you stayed overnight in a hospital due to a head injury? **NO** \_\_ **YES** \_\_ (list dates) \_\_\_\_\_
15. Do you wear glasses or contacts during competition? **NO** \_\_ **YES** \_\_ \_\_\_\_\_
16. Do you wear any of the following dental appliances: PERMANENT BRIDGE, BRACES, REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, FULL PLATE, PERMANENT CROWN OR JACKET?  
**NO** \_\_ **YES** \_\_ (circle those which apply)
17. Have you had a broken bone or fracture in the past 2 years? **NO** \_\_ **YES** \_\_ R \_\_\_\_ or L \_\_\_\_  
What bone(s) \_\_\_\_\_ Dates \_\_\_\_\_
18. Have you ever had a shoulder injury in the past 2 years that disabled you for a week or longer? (dislocation, Separation, etc) **NO** \_\_ **YES** \_\_ R \_\_\_\_ or L \_\_\_\_ Type of injury \_\_\_\_\_ Date \_\_\_\_\_
19. Have you ever had shoulder surgery? **NO** \_\_ **YES** \_\_ R \_\_\_\_ or L \_\_\_\_ What was done & why? \_\_\_\_\_ Date \_\_\_\_\_
20. Have you ever injured your back? **NO** \_\_ **YES** \_\_ Type of Injury \_\_\_\_\_ Date \_\_\_\_\_
21. Have you injured your knee in the past two years? **NO** \_\_ **YES** \_\_ 22. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? **NO** \_\_ **YES** \_\_ R \_\_\_\_ or L \_\_\_\_  
Date \_\_\_\_\_
23. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? **NO** \_\_ **YES** \_\_ R \_\_\_\_ or L \_\_\_\_  
Date \_\_\_\_\_
24. Have you ever had knee surgery **NO** \_\_ **YES** \_\_ R \_\_\_\_ or L \_\_\_\_ What was done? \_\_\_\_\_ Date \_\_\_\_\_
25. Have you had a severe ankle sprain in the past 2 years? **NO** \_\_ **YES** \_\_ R \_\_\_\_ or L \_\_\_\_
26. Do you have a pin, screw, or plate in your body **NO** \_\_ **YES** \_\_ Where in your body? \_\_\_\_\_ Date \_\_\_\_\_
27. Do you have other conditions that we should be aware of (i.e ulcers, pregnancy, food or insect allergies, tendinitis, etc.)?  
**NO** \_\_ **YES** \_\_ (specify and give details) \_\_\_\_\_
28. **DATE OF YOUR LAST IMMUNIZATION:** Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Measles \_\_\_\_\_  
(Do not send a copy of your complete shot record)

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE:



Athlete's Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## ARIZONA SOCCER CLUB RESIDENTIAL CAMP

### PLAYER MEDICAL RELEASE FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

(Full name as it appears on birth document)

Date of Birth \_\_\_\_\_ Gender M F

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

Phone Numbers ( ) \_\_\_\_\_ Alt. ( ) \_\_\_\_\_

#### EMERGENCY INFORMATION

Mother's Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_) \_\_\_\_\_

#### **IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Ph(\_\_\_\_) \_\_\_\_\_

Medical and/or Hospital Insurance Co. \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**(Attach Copy of Insurance Card)**

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

#### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

PARENT/GUARDIAN NAME: \_\_\_\_\_

(Please Print)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



ARIZONA SOCCER CLUB

THUNDER