

*DAILY TRAINING
SCHEDULE*

Morning Session (9-12)

Warm-up and stretching

Fun games

Technical demo and training

Small-sided games

Instructional and game videos

LUNCH

12:00-1:00

Afternoon Session (1-4)

Warm-up and stretching

Tactical Demo and training

Indoor Soccer

Full field scrimmage

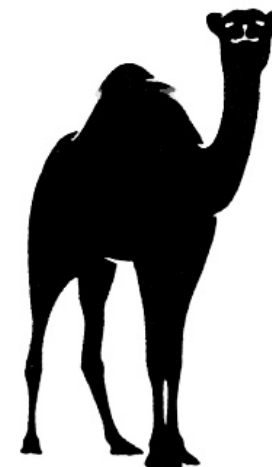
Swimming/Indoor

SPECIAL FEATURES:

- Campers grouped by age
- Indoor arena
- Swimming pool
- 6 grass fields
- 2 turf fields
- Camp t-shirt
- Certified trainer
- Family discount

CONNECTICUT COLLEGE
CO-ED SOCCER CAMP
270 MOHEGAN AVE.
NEW LONDON, CT 06320

**CONNECTICUT
COLLEGE
CO-ED
SOCCERCAMP
2009**



**35 SUCCESSFUL YEARS
BOYS AND GIRLS AGE 6-14
TWO- 1 WEEK SESSIONS
JULY 6-10
JULY 13-17**

**FOR MORE
INFORMATION:
Contact Winnie Edmed
860-439-2094
winnie.edmed@conncoll.edu**

Connecticut College Co-ed Soccer Camp

270 Mohegan Ave. New London, CT
conncoll.edu/athletics/summercamps
Winnie.edmed@conncoll.edu
(860) 439-2094

IMPORTANT THINGS TO REMEMBER

- There will be **NO BUS TRANSPORTATION!!!!!!**
- Registration start Monday at 8:00
- Bring a soccer ball, water bottle, shin guards, cleats and sneakers every day
- Bring swimsuit, goggles and cap
- Pack lunch or buy pizza, beverage, candy and snow cones
- Drop off at field after first day
- Pick up at arena every afternoon
- Final game and closing ceremonies start at 11:00 Friday
- Last day of camp is Friday at ***NOON!!!***

Camp Directors

Winnie Edmed: Head Coach W. Soccer
Josh Edmed: Head Coach W. Volleyball
Connecticut College

Registration form

*Please mail registration form with a \$25.00, non refundable, deposit OR full payment to:
Connecticut College Soccer Camp, 270 Mohegan Ave. Box 5337 New London, CT 06320

Camper Name _____ Sex _____ Age _____ Grade Entering _____

Parents Name _____

Email _____

Phone (h) _____ (c) _____

Street _____ Town _____ State _____ Zip _____

In Case of Emergency notify _____ Phone _____

My Child has Permission to Swim Yes ___ No ___

Each camper will receive a CC Soccer Camp cinch bag.

Camp T-shirts will be available for purchase.

Camp Session

Week 1 (July 6-10) _____ Week 2 (July 13-17) _____
___ AM (9-12).....\$105.00 _____AM (9-12)\$105.00

___All Day (9-4).....\$195.00 _____All Day (9-4)\$195.00

*KI, physical and self administer forms can be downloaded from website.

*Make checks payable to: Connecticut College Soccer Camp

*Child must be 6 years or older or have completed kindergarten prior to start of camp.

POTASSIUM IODIDE (KI) FACT SHEET AND PERMISSION FORM

The State of Connecticut is making Potassium Iodide tablets (KI) available to child care facilities and youth camps within the 10-mile emergency –planning zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance that you might be exposed to a harmful amount of radioactive iodine. In the rare event of a nuclear emergency, your child care provider will be directed when to administer KI through the Emergency Alert System (EAS). Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine. Your childcare program or youth camp must obtain your written consent in order to administer KI pills to your child/children. Please remember that the administration of KI to your child under these emergency conditions is voluntary.

Contraindications:

- *Your child should not take Potassium Iodide if he/she is allergic to iodine.
- *Your child should not take Potassium Iodide if he/she has chronic hives.
- *Although a single tablet of KI should be tolerated by most people, some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:
 - *Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives,
 - *Autoimmune thyroid disease, such as Graves disease.

Potential side Effects:

Please consult with your pediatrician if your child experiences any of these side effects:

- *Minor upset stomach
- *Rash

POTASSIUM IODIDE (KI) CHILD MEDICATION AUTHORIZATION FORM

Name of Child: _____ Date of Birth: _____

Street _____

City: _____ State: _____ Zip: _____

Please indicate your **authorization** or **refusal** by marking the appropriate line below:

_____ **YES**, I want my above named child to be administered KI by my provider when:
The Governor declares a nuclear emergency, **AND** individuals in specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets **AND** I understand that the ingestion of Potassium Iodide (KI) under these circumstances is **voluntary**.

_____ **NO**, I do **NOT** want my above named child to be given Potassium Iodide (KI) by my provider in the event of a nuclear emergency. I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.

(Parent/Guardian Signature)

(Date)

Connecticut College Soccer Camp

Information Sheet 2009

CAMP CHECK-IN: Held at Connecticut College Athletic Center on Monday at 8:00am.

MEDICAL FORMS: Completed and signed medical forms (physical and Potassium Iodide) must be received before or on the first day of camp or the camper will not be allowed to participate.

ASSIGNMENTS: Campers are assigned to fields based on their age and grade.

DRESS: Shorts, shirt, cleats and shin guards and should bring sneakers (for indoor), swimsuit and towel. Each camper will be given a camp t-shirt.

SOCCER BALL: All campers must bring a soccer ball to camp each day. **Campers are responsible for keeping track of their own soccer balls.**

LUNCHESES: Lunch is from 12:00-1:00 M-TH. All-day campers have the option of bringing their lunch or purchasing PIZZA-\$2.00, SNO-CONES-\$1.00, CANDY-\$1.00, and SPORT DRINKS-\$1.00.

HOURS: Monday Through Thursday 9:00-4:00; Friday 9:00-NOON.

DROP OFF: Drop off campers at their ASSIGNED FIELD tues. thru fri. at 9:00 AM

PICK UP: All campers must be picked up at the Athletic Center/Dayton Arena parking lot at 12:00 noon for AM campers and 4:00 PM for all-day campers Monday-Thursday, and **12:00 noon on Friday from the fields.**

PARENTS CALL: Please be on time picking up campers. In case you are delayed, please call the Soccer Camp Office at 439-2661 or 439-2094 before 4:00 PM or the camp cell phone at 860 235-2586 or 860 235-2007 after 4:00 PM to inform the director(s).

WEATHER: Camp will be held rain or shine (with the exception of severe weather conditions).

HEALTH STAFF: The camp has a certified trainer on duty each day.

SEE YOU AT CAMP!

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Camper
 Staff

Please Return Completed Form to Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO
If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or PA

Date Form Signed

Telephone Number