



**SEATTLE PACIFIC UNIVERSITY WOMENS SOCCER
TEAM SOCCER CAMP 2011**



The SPU Women's Soccer 2011 Team Soccer Camp promises to be a fun, exciting, and positive experience for girls high school soccer teams from around Washington!! We look forward to your attendance and hope to provide you with quality instruction from our coaching staff. Head Coach Chuck Sekyra, who in his eight years at SPU has compiled a 150-16-14 record, will be joined by Assistant Coaches Arby Busey + Chalise Baysa. Sekyra was named National Coach of the Year after his 2007 squad completed a perfect 20-0 Regular Season and advanced to their second NCAA Final Four in three years!! Coach Sekyra has built a National Powerhouse at SPU and will bring these same ideas, and techniques, to your team over the course of the camp. Each High School coach will provide the SPU Coaching Staff with information they would like their team to focus on during the week, and the culmination of the camp will be a friendly jamboree on Friday! Please come prepared for a wonderful experience focused on developing you, and your teammates, in a positive energetic environment!

Instructions: Complete + return this form to your High School Coach, along with your payment of: \$ _____

Campers Name: _____ **Phone:** _____

Address: _____

School Attending: _____ **Grade in Fall 2009:** _____

Age: _____ **Position:** _____ **T-SHIRT Size (adult sizing; circle one):** XS S M L XL

****PERMISSION STATEMENT:** I certify that my child has had a doctor's physical exam in the last six months and that the results of the exam indicated that she is physically able to participate in the strenuous activities associated with a soccer camp. I agree that the participant and I assume the risk for all injuries that may result from participation in the camp. I further understand that both minor and catastrophic sports injuries may occur through no fault of the coaching staff and that my child is covered by health insurance to cover these injuries.

I will accept the financial and legal responsibility for any injuries that may result from camp activities. I hereby authorize Seattle Pacific University as my agent to give consent to surgical and medical treatment for the participant if treatment is deemed necessary by the attending physician.

Signature of Parent or Guardian: _____

Emergency contact: _____ (print clearly) **Phone Number:** _____

Camper's Physician: _____ (print clearly) **Phone Number:** _____

Insurance Carrier: _____ **Policy Number:** _____