

Registration is due 1 week prior to camp

## 2019 CAMPER REGISTRATION

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

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

F or M      Yrs Experience: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_ - \_\_\_\_\_

Parent Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Health Conditions:

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Shirt Size:    YS      YM      YL  
                         S      M      L      XL

**Total Cost: \$110** (early registration by July 17<sup>th</sup>)  
**\$120 Day of Camp**

**Send checks, waiver form & applications to:**  
**Champions Soccer Camps**  
**11155 Dublin Drive**  
**Roscoe, IL 61073**  
**(815) 978-0471 (BJ Lundsten)**  
**(815) 218-2280 (Eric Eiss)**

## Camp Instruction

Champions Soccer Camp prides itself on the quality of its program through experienced coordinators and staff, creating only the best learning environment possible to become better soccer players.

Typically, this also serves as the unofficial 'kick-off' for the HHS Boys Soccer Captain practices and Fall Club/Rec seasons. Don't miss this opportunity to get a head start on the upcoming season!!

### INCLIMATE WEATHER:

*If inclement weather occurs during camp, Champions Soccer Camp will try to schedule extra time for play to be made up.*

## Staff

### COACHES

- BJ Lundsten**      Former Rockford Raptors Semi-Pro Player & Hononegah HS Head Coach, USSF National 'D' License
- Eric Eiss**      Former Hononegah HS Girls Head Coach, Current Freshman HS Coach & Stephen Mack 8<sup>th</sup> Grade Head Coach. USSF National 'B' License
- Jay Bigwood**      Hononegah HS, Girls Varsity Coach Stephen Mack 7<sup>th</sup> Grade Coach USSF National 'D' License
- Nic Haab**      Hononegah HS Varsity Coach USSF National 'D' License
- Jeremy Brown**      Hononegah HS JV Coach USSF National 'D' License
- In Addition:**      Many Former Hononegah HS standouts & current collegiate players

# CHAMPIONS



## SOCGER CAMP

### LOCATION

**Robert J Cross Memorial Park**  
**Roscoe, IL**

(Directions: Off Hononegah Rd, Turn south onto Cedarbrook Rd, ¼ mile to park entrance on the Right, follow entrance road until it dead-ends)

**ONE WEEK ONLY!**

**JULY 22 – 26**

**FOR FURTHER INFORMATION**

**Call 815-315-3084**  
**Call 815-218-2280**

# CHAMPIONS SOCCER CAMP

Champions Soccer Camp is firmly rooted in the philosophy that players learn with more touches on the ball. This provides a motivating atmosphere for the campers and improves their ability to transfer new skills to the game...where it counts!!!

By rewarding each camper with positive feedback, Champions Soccer Camp campers reach his/her potential as a player with fun exercises and match-like situations.

## CAMP HIGHLIGHTS & TOTAL SOCCER TRAINING INCLUDES:

- For Boys and Girls, ages 5-18
- Low player to staff ratio (12:1)
- Players grouped by age and ability
- Official Camper T-shirt, Contest Prizes & Refreshments
- Creative individual skills for dribbling, passing, receiving, and shooting.
- Attacking skills with and without the ball, 1v1 situations, focusing on moving into space and timing.
- Individual and Team Tactics/Strategies, Offensive and defensive positioning.
- Goalkeeper training
- Scrimmages to finish each session!

**CAMP DATES and TIMES**

**July 22-26 5:30-8:30pm [M-F]**

\*\* High School players are recommended to attend camp.

**LOCATION**  
***Robert J Cross Memorial Park  
Roscoe, IL***

(Directions: Off Hononegah Rd, Turn south onto Cedarbrook Rd, ¼ mile to park entrance on the Right, follow entrance road until it dead-ends)

**COST**  
***\$110 per player (early registration by  
July 17<sup>th</sup>) \$120 Day of Camp***

**CAMPERS WILL NEED TO BRING:**

***Soccer Ball***

***Shinguards***

***Soccer Shoes***

***Water Bottle***

***Great Soccer Attitude!!***

**Emergency Medical Release & Liability Waiver**

Participant's Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 Zip \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Allergies \_\_\_\_\_

Other Medical  
 Conditions \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Medical/Hospital Insurance Company \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Policy  
 Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Champions Soccer Camp, Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his/hers or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as "releases" from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said "releases" because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the "releases" I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Champions Soccer Camp and Illinois Youth Soccer will cause the participant to be removed from the Program. (Revised 01/14/18)

Parents/Guardians Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 (Parents/Guardians' Signature is required if participant is under the age of 18)  
 Participant's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

*(Participant's Signature is required)*