



Celebrate Soccer and Summer with YES!

YOUTH ELITE SOCCER

YOUTHELITESOCCER.COM



Official camps & training partner of Chicago Fire Soccer Club

REGISTER TODAY...AND INVITE A FRIEND!

JOIN OUR ONLINE CAMP COMMUNITY

TODAY!

"THE YES CAMP PROGRAM IS GREAT, THE COACHES ARE KNOWLEDGEABLE, ENERGETIC AND PERSONABLE"

ATTEND CAMP FREE!

Check Box if Interested

Reimbursed after camp week.
Email: hostacoach@youthelitesoccer.com

HOSTED BY: Delta State University Continuing Education

DATES: June 18th-22nd 2012

LOCATION: Shumate Park, DSU Campus

CAMPERS RECEIVE: YES Jersey, YES Ball and player evaluation by one of our professional coaches.

MAIL CHECK & REGISTRATION TO: Elizabeth Joel, Delta State University, 239 Kent Wyatt Hall, Cleveland, MS 38733

MAKE CHECK PAYABLE TO: Delta State University

CAMP TYPE: Recreational

CAMP TYPE: Competitive / Advanced

AGES: 4-7 Years

AGES: 8-18 Years

TIME: 9.00-11.00 am

TIME: 4.00-7.00 pm

COST: \$85.00

COST: \$115.00

YES Camps focus on individual player development. The camp will cover fundamental and skill technique throughout the week.

FOR MORE INFORMATION: Questions on camp logistics, ejoel@deltastate.edu or call 662 846 4871. Questions on camp content Thomas.P@youthelitesoccer.com or call 214 886 6192

ALL CAMPERS SHOULD BRING SHINGUARDS, BALL, AND A WATER BOTTLE

CAMP TYPES

RECREATIONAL

Grassroots development with a FUNdamentals philosophy. Designed for our younger recreational players, typically up to the age of 8 years old.



COMPETITIVE

Identifying talent with a Learning to Train/Learning to Compete philosophy. Designed for our competitive travel players, typically up to the age of 12 yrs old.



ADVANCED

Nurturing talent with a Training to Compete/Training to Win philosophy. Designed for our advanced premier, cup and high school players.





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YOUTH ELITE SOCCER - CAMP REGISTRATION

PROGRAM DETAILS (Check the front of the flyer to see what equipment is included in your camp fee)

Program Location/Organization			
Camp Type		Date	Time
2nd Camp Type (if applicable)		Date	Time

PLAYER INFORMATION

Name				Date of Birth	
Grade as of Sept 2011	Age	Sex	Number of Years Played		
Address					
City		State	Zip		

PARENT/GUARDIAN & EMERGENCY CONTACT

Parent/Guardian Name					
Email Address					
Home #		Work #		Cell #	
Add'l Emergency Contact			Relationship		
Home #		Work #		Cell #	

SHIRT

YS
 YM
 YL
 AS
 AM
 AL
 AXL

BALL

3 (5-7yr)
 4 (8-11yr)
 5 (12+yr)

This release is made to allow my child to participate in Youth Elite Soccer Camps ("YES"/Chicago Fire Camps & Training and its sponsored events. I recognize that by registering my child, I am agreeing to this release as a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in advertising and promoting camps without compensation to my child. I further agree that you may use and license others to use my child's voice and likeness in advertising and promoting camps and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge YES/Chicago Fire Camps & Training and all its affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp and its sponsored events. I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms. I understand that in the event that I wish to cancel my child's registration more than seven days before the start date of the program, a \$35 cancellation fee will be charged. No refunds will be given for cancellations within one week of the start date of the program. No partial refunds will be paid if campers miss any sessions for any reason.

Parent/Guardian Signature

Date

THE FOLLOWING SECTION IS REQUIRED TO BE FILLED IN FOR PROGRAMS HELD IN MASSACHUSETTS AND NEW JERSEY ALONE

ALLERGIES	Allergen	Reaction	Management
Medication			
Food			
Other			

MEDICATIONS BEING TAKEN: Please list all the medication (including over the counter or non prescription drugs) taken routinely. Bring enough meds to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication. Check box if this person takes NO medications on a routine basis

This person takes medications as follows	Med 1	Dosage	Frequency	Reason
	Med 2	Dosage	Frequency	Reason

GENERAL QUESTIONS: Circle Yes or No, and explain additional information on separate sheets

Ever been hospitalized?	Y	N	Ever had surgery?	Y	N	Have frequent headaches?	Y	N
Ever had a head injury?	Y	N	Ever had ear infections?	Y	N	Ever have back problems?	Y	N
Skin problems? (e.g. itching, rash, acne)	Y	N	Have asthma?	Y	N	Had mononucleosis in the last 12 months?	Y	N
Had problems with diarrhea/constipation?	Y	N	Ever had an eating disorder?	Y	N	Ever had emotional difficulties for which professional help was sought?	Y	N

Board of Health requires medical history and immunization records. By Checking this box I understand to bring these to the first day of camp