

ST NORBERT COLLEGE MEN'S SOCCER
HIGH SCHOOL BOYS FALL IDENTIFICATION CAMP

November 3rd, 2019



DESCRIPTION

Our goal for our ID Camps is to give each player a true collegiate soccer player experience. From on the field to off the field with film study, pool recovery sessions and much more!! Each player will have the opportunity to experience typical college training sessions while being directed and assessed by the SNC Men's Soccer coaching staff. Sessions will be broken up through a two-and-a-half-day period and all sessions will be directed by Men's Head Soccer Coach Derek Rhodes. He brings professional and Division I playing experience as well as years of coaching at High School, Club, and College Levels.

Coach Rhodes has completed his seventh season as the Men's Head Coach at St. Norbert College. Just six years removed from a 2-14-1 season, the Green Knights finished the 2018 season with a 17-1-1 record, were ranked the #1 team in the North Region, #10 team in the Nation and won their third Midwest Conference Championship in the past four years. Coach Rhodes was also an assistant coach during the Green Knights most decorated stretch 2004-2007. During that time the Knights won three Conference Championships 2004, 2005, 2007. In addition, they qualified for the NCAA tournament in 2004, 2005, and 2006 including one trip to the sweet sixteen.

Coach Rhodes was a four-year Division 1 starter and team captain at the University of Massachusetts. As a co-captain he helped lead his team to a pair of Atlantic 10 regular season championships and one Atlantic 10 Tournament Championship. In addition, he was selected to the 2002 First Team All-Atlantic 10 team, the 2002 All New England Team and the Athletic Directors Honor Roll.

In addition, players will have the opportunity to work with SNC Soccer Coaching Staff and SNC Current players.

Camp Details

Location - All ID Camp activities will take place at Schneider Stadium 1600 Lost Dauphin Road De Pere, WI 54115

Date – Sunday, November 3rd, 2019

Ages – Boys 8-12 graders

Times – 9:30 am – 1:00 pm

Cost - \$60.00 per player

Equipment - All campers must come with a ball, shin guards, and soccer cleats.

Check Payable to - Make checks payable to First Touch LLC

TO REGISTER FOR THE MEN'S CAMP - Contact Derek Rhodes at Derek.Rhodes@snc.edu, complete the included registration form and send it to St. Norbert College SNC Men's Soccer MFFSC 601 3rd St. De Pere, WI 54115 or go to www.sncsoccercamps.com to register right online.

All registrations will be accepted until November 3rd, 2019 or until the camp is full. Questions please contact Derek Rhodes at the email above.

CAMP SCHEDULE

SUNDAY, NOVEMBER 3RD, 2019

9:30 AM - CAMP CHECK IN @ SCHNEIDER STADIUM 1600 LOST DAUPHIN RD DE PERE, WI 54115

10:00 – 11:00 AM - TECHNICAL TRAINING SESSION W/COACH RHODES AND HIS STAFF

11:00 – 1:00 PM – CAMP TOURNAMENT

1:00 PM - CAMP CLOSING MEETING

CAMP CHECK-IN PROCEDURES & ASSIGNMENTS

Camp Check-in: Camp check-in will take place at Schneider Stadium 1600 Lost Dauphin Road. De Pere, WI 54115. All camp participants must check in here prior to the start of camp. Camp check-in will be overseen by the SNC ID Camp Staff.

What to Bring

Commuters:

- Indoor and Outdoor soccer shoes
- Running Shoes
- Shin Guards
- Extra Change of Shirts
- Extra Change of Shorts
- Extra Change of Socks
- Cash for Snacks and Gatorade

Camp Counselors:

To ensure the safety of all campers, camp counselors will be present at all times and live in the dorms during residential camps.

Medical Attention:

A full-time trainer will be present at all training sessions.

Camp Participant Policies

We look forward to working with you and making sure that you have a fun, safe, exciting experience! These policies have been developed to assure the health, safety and well-being of every camper. We trust that once you understand our rules you will agree that they are reasonable. The camp reserves the right, upon notification of parents/guardians to dismiss any camper during any session for improper dress, conduct, language, or attitude which, in the judgment of the administrative or counseling staff, is deemed detrimental to the other campers or smooth operation of the camp. Furthermore, if in the judgment of the administrative or counseling staff, your conduct violates the following rules and regulations, you may be dismissed without refund of fees and/or referred to appropriate authorities.

1. You may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons (including knives), or fireworks. This is non-negotiable and campers will be sent home immediately.
2. You may not possess or use any tobacco products while in attendance at camp. This regulation also applies to campers who are 18. If you cannot go a weekend without smoking, reconsider coming to camp.
3. If you are found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) you will be dismissed from camp immediately. Also, College officials are required by law to report the responsible individuals to local authorities who will fine and may prosecute them under State Statute 921.13 (which calls for a fine of up to \$500 or imprisonment of not more than one year or both)
4. Lewd and offensive speech or actions that undermine camp decorum are strictly prohibited.
5. You shall not be permitted to wear clothing that contains pictures of and/or writing referring to alcoholic beverages, tobacco products, sexual references, profanity, violence, and/or drugs. You will be asked to change clothes if what you are wearing is inappropriate.
6. No pets of any kind are allowed at camp.
7. **Cell Phones:** You MAY bring cell phones to camp. Cell phones must be off during the camp day, but they may be used during free time.

SNC MEN'S SOCCER 2019 FALL ID CAMP REGISTRATION

November 3rd, 2019



ST NORBERT MENS SOCCER ID CAMP

Player's Name _____ Parent Name(s) _____

High School Team _____ Club Team _____

E-mail address _____ (Primary mode of communication)

Player Phone () _____ Parent Phone () _____

Graduation Year _____ Major of Interest _____ GPA _____ ACT _____

T-Shirt Size _____ Dietary Restrictions _____

Registration Fee \$60.00 - Please make checks payable to St. Norbert Men's Soccer

**St. Norbert College, Inc./First Touch LLC
Release, Waiver of Liability, Assumption of Risk, & Indemnity Agreement
St. Norbert College Men's Soccer ID Camp
November 3rd, 2019**

I, the undersigned parent/legal guardian, request voluntary participation for my minor(s) to participate in the St. Norbert College Men's Soccer ID Camp Sunday November 4th, 2018.

ASSUMPTION OF RISKS: I acknowledge that I am aware there are risks associated with or related to the "activity", such as, but not limited to, running, passing, kicking, stretching, chest traps, stopping/defending/heading and foot maneuvers with/of ball, all of which are hereinafter referred to as the "activity". Participation in the "activity" carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Although the risk of injury is low during the activity, there are still risks. These risks range from (1) minor injuries such as slips, falls, cuts, scratches, bruises, sprains/strains, (2) major injuries such as eye, joint or back injuries, fractures, heart attacks, heat stroke, and concussions, (3) catastrophic, life-altering injuries including paralysis, to (4) death. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with minor's participation in the "activity". Notwithstanding anything herein to the

contrary, I acknowledge that the foregoing assumptions of risks does not include any injury arising because of any intentional, willful, or grossly negligent act of any other party.

CONSENT: I consent to my minor's participation in the activity and acknowledge that the minor and I fully understand minor's participation may involve risk of serious injury or death, including losses which may result not only from minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of this type of event or activity. **I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.**

CERTIFICATION OF HEALTH STATUS AND INSURANCE COVERAGE: I certify that minor is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required, and I acknowledge that I am responsible for related costs.

WAIVER/INDEMNITY: In consideration of minor's participation in the activity, I hereby waive all claims or causes of action against St. Norbert College, Inc./First Touch LLC the Premonstratensian, their Officers, Directors, employees and agents, arising out of minor's participation in the activity and hereby release, hold harmless, and discharge St. Norbert College, Inc. , the Premonstratensian Fathers, their officers, directors, employees and agents of each of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of St. Norbert College, Inc./First Touch LLC, the Premonstratensian Fathers, their officers, employees, representatives and volunteers, and the officers, directors, employees and agents of each of them. I agree I am financially responsible for any losses resulting from minor's actions and will indemnify St. Norbert College, Inc., /First Touch LLC the Premonstratensian Fathers, their officers, directors, employees and agents of each of them, for any loss or damage caused by minor during this activity.

RULES ASSOCIATED WITH THE ACTIVITY: "Participant"/minor agrees to follow any and all rules, policies or procedures promulgated for "The Activity". I attest I have read and understand the "Camp Participant Policies" and have shared them with minor(s).

RELEASE FOR MEDIA/PRESS COVERAGE: I agree that photographs, pictures, slides, movies, video, or other media coverage of minor may be taken and used for legal purposes in connection with minor's participation in the "activity" without compensation from St. Norbert College/First Touch LLC

TRANSPORTATION: Transportation will not be provided by St. Norbert College/First Touch LLC. It is the parent's/legal guardian's responsibility to provide and/or arrange transportation to and from St. Norbert College.

SEVERABILITY: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGEMENT OF UNDERSTANDING:

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that I have given up the right to sue and the right to legal recourse against St. Norbert College, Inc., First Touch LLC the Premonstratensian Fathers, and the officers, directors, employees, agents, sponsors, referees, and land owners, each of them is knowingly given up in return for allowing minor's participation in the "activity". My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. **Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.**

Emergency contact name (print) (Area code) Phone number

(Area code) Phone number

Relationship to the participant

List Physician Name and Phone Number below:

List known allergies and any other medical/prescription information you request be released to emergency medical providers.

IN WITNESS WHEREOF, I have executed this affirmation and release at De Pere, WI on the date below:

Participant's signature date

Parent's signature (required) date

Participant's Name (print) (Area code) Phone number

Address

City/State Zip

WITNESS (must be at least 18 years old)

Signature date

Please return this registration form along with check made payable to

First Touch LLC to SNC Men's Soccer MFFSC 601 3rd St. De Pere, WI 54115