



**2008
UNLV REBELS
High School Elite
Girls Soccer Camp**



**2008 Summer Residential
Soccer Camp for Girls**

June 21-23

Girls Ages 13-18

UNLV Main Campus Soccer
Fields

UNLV SOCCER
4505 MARYLAND PARKWAY
BOX 450024
LAS VEGAS NV 89154-0006

Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the UNLV Rebels High School Elite Girls Soccer Camp being held at the University of Nevada Las Vegas, (collectively referred to as the "UNIVERSITY"), on the following dates: June 21-23, 2008.

In consideration for being allowed to participate in said activity, I hereby release waive and discharge the UNIVERSITY, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the University from any loss liability, damage or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of the UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians and dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity.

Parent/ Guardian Signature _____ Date _____

Medical Information

Allergic Reactions: _____

Medications currently taking: _____

Check if known to have any of these conditions:

- Diabetes
- Epilepsy
- Hemophilia
- Heart Condition

Past illness or other information that would be useful in the event treatment is necessary: _____

2008 UNLV Rebels High School Elite Girls Soccer Camp!

Camp Directors

Kat Mertz

Head Coach, UNLV Women's Soccer
In her third season as UNLV Head Coach Mertz has lead the Rebels to three MWC Conference Titles and two NCAA tournament appearances.

She was recently named the Mountain West Conference Coach of the Year for the success of UNLV in 2007. Coach Mertz is a member of the Region IV coaching staff and is involved with the U-20 National Team as an assistant coach.



Jen Klein

Asst. Coach, UNLV Women's Soccer

This is Coach Klein's first season with UNLV. Prior to joining the coaching staff at UNLV Coach Klein was a volunteer assistant coach at University of Arizona where she also played for four years. She holds a USSF C License and coaches both with the Nevada state ODP and Region IV program.



Come Run with your Mountain West Conference Four Time Defending Champions!



Camp Objective

This camp is designed to provide high quality training that will cover all aspects of the game; technical, tactical, psychological, and physical. Topics for the training sessions will include technical ball skills, 1v1 attacking and defending, small sided and full sided games with emphasis on team tactics, flank play, attacking in the final third, and finishing.

Camp Information

Dates: June 21-23, 2008

Location: UNLV Main Campus

Residence: On-campus dormitory with 24-hour supervision by camp staff. Roommates will be assigned randomly, unless requested.

Costs: \$ 350 Residential
\$ 295Commuter

**All campers will receive a camp t-shirt

Meal: All meals are provided by Campus Dining Services located near the dorms

**Confirmation letter with further details will follow upon registration.

**Discounts available for siblings and groups

Camp Schedule

Day 1:	Check-In	4:30 pm
	Dinner	5:00 pm
	Field Session	6:00-9:00 pm
Day 2:	Breakfast	8:30-11:00 am
	Field Session	Lunch
	Weight Room/Video	1:30-4:30 pm
	Dinner	
	Field Session	6:00-9:00 pm
Day 3:	Breakfast	8:30-11:00 am
	Field Session	

Registration Form

Please return this registration form to :

UNLV WOMEN'S SOCCER
4505 MARYLAND PARKWAY, BOX 450024
LAS VEGAS NV 89154-0024

**To pay with check, submit this form and a check payable to: UNLV Rebels Soccer Camp
OR

To pay with credit card & register online, visit the UNLV women's soccer homepage at www.unlvrebelsoccercamps.com

Name (print clearly) _____

Age _____

Position _____

Parent/Guardian _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Mobile Phone _____

Email Address _____

Emergency Contact _____

Emergency Phone _____

<input type="checkbox"/>	\$ 350 Residential
<input type="checkbox"/>	\$ 295Commuter

Refunds will be given only for cancellations made at least one week prior to the start of camp. There is a \$25 non-refundable administration fee for all cancellations.

Medical Information

A full-time medical trainer will be on duty to administer minor injuries and ailments. Registrations will not be processed without a completed medical consent form and a copy of medical insurance.

For more information, contact Jen Klein at 702-895-1943 or email at Jennifer.klein@unlv.edu