



Dear Parents,

We want to welcome your son or daughter to the 2010 YOP Soccer Camp at NAU. We are excited to have you join us this summer for an incredible soccer experience.

Here are some helpful reminders:

- All required camp forms can be found on our website: www.azyouthsoccer.com on the ODP page under the Young Olympians Program (YOP Camp 2010).
All camp updates will also be posted on the website.
- **Please remember that we must have both the Health Consent Form and the Health History Form on file before any camper is allowed to participate.** Forms can be MAILED: AYSA YOP CAMP 11029 N 24th Ave Suite 806, Phoenix AZ 85029 or DELIVERED IN HAND AT CHECK-IN.
- There will be a \$40 (CASH) key deposit due at check-in. This will be given back at the end of camp **IF** the camper has not lost his/her key. Please **DO NOT** mail the key deposit in advance.
- If your son or daughter will be checking out of camp temporarily during the week (i.e., to go to dinner with a relative), please send a note giving permission for him/her to check out with the date, time, and name of the person with whom he/she will be leaving. Person must show photo ID and give us their phone number.
- If you need to contact us or get a message to your son or daughter during the week of camp, you can do so by calling 623-332-0106 between the hours of 9:00 am and 9:00 pm. In case of an emergency after hours, please call (602) 791-5827.
- Parents and guests are welcome to attend all sessions but will not be permitted in the dorms after the initial check-in.

We look forward to having your son or daughter with us for a fun and exciting camp experience.

Sincerely,

Katie Cole
YOP Soccer Camp
Camp Director



NORTHERN ARIZONA UNIVERSITY

Please, refer to the following link for information regarding the campus of North Arizona University. You will find information about the dorms, dining, campus maps, and directions to the NAU campus.

<http://www.nau.edu/dubois/summerconferences.html>

ABOUT FLAGSTAFF and NAU

At a 7,000-foot elevation, Flagstaff is surrounded by pines, aspens, and the majestic [San Francisco](#) Peaks. The region's four-season climate is enjoyed by its 60,000 residents and world visitors alike.

[Flagstaff](#) basks in approximately 288 days of sunshine per year, with an average summer temperature of 75 degrees. Winters, although snowy, are mild. Flagstaff is about 2.5 hours from the Phoenix airport, and there are also flights in and out of Flagstaff.

Recreational opportunities include fishing, hiking, hunting, and skiing. Located near numerous state and national parks, American Indian ruins, and less than a two-hour drive from the Grand Canyon, Flagstaff is an ideal place to host your educational conference.

[Northern Arizona University](#) has a student population of about 20,000 at its main campus in Flagstaff and at over 35 sites across the state. With its solid reputation as a university with all the features of a large institution but with a personal touch, NAU carefully balances teaching, scholarship and service with a faculty and staff dedicated to each students' success.



Camper Checklist

THINGS TO BRING:

Single sheet-pillow-pillowcase-blanket or sleeping bag, towels, toiletry items and sunscreen. Soccer shoes, tennis shoes, shin guards and water bottle. Five day supply of socks, underwear, shirts, shorts (There are 3 training sessions per day).

Additional Items (Optional): Bug Spray, Sweatshirt/Sweatpants, Fan, and Disposable Camera.

Ball: every camper **MUST** bring a ball to camp.

Cash: Camp Bank-you may deposit your money for safe keeping. We recommend \$20-30 for spending money, more if the camper wants to buy souvenirs while he or she is at camp. **(YOP SOCCER CAMP is not responsible for money or other valuables unless they are deposited in the camp bank)**

EACH CAMPER WILL RECEIVE:

Camp T-shirt and Written Evaluation

MEDICAL INFORMATION:

A camper is not allowed to compete unless we have a fully completed health consent form and a health history form.

CONFIRMATION:

Mail-in applications will be responded to via e-mail (please include e-mail address on application) and add the email address azodp21@yahoo.com to your email account to ensure proper email delivery.

KEY DEPOSIT:

Residential Campers will be required to pay a \$40 (cash) deposit due at check-in. This will be given back at the end of camp upon return of key and dorm access card. **DO NOT** send the key deposit in advance. For lost keys, the deposit will be withheld-NO exceptions.

CANCELLATIONS:

The deposit of (\$100.00) is subtracted from the total fee, but is **NON-REFUNDABLE** after May 15, 2010. However, if circumstances or injuries make it impossible to attend our 2010 camp after you have sent in a deposit, this deposit can be rolled over to your 2011 camp tuition.

CHECK IN:

Check in will be held from 3:00pm to 4:30pm at **GABALDON HALL on Friday, June 11, 2010.**

CHECK OUT:

Check out for all campers will take place at **GABALDON HALL** following the closing ceremonies at South Field at 11:15am. Parents are welcome to attend all sessions as well as the closing ceremony.

2010 YOP SOCCER CAMP: HEALTH HISTORY FORM

This form must be completed and signed by the camper's legal guardian and physician. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. This form will be returned to you if it is incomplete. Your child will not be allowed to play unless this form is filled out completely. Please type or print in black ink.

CAMPER INFORMATION

Camper's Name _____
Permanent Address: _____ Date of Birth: _____
City, State, Zip: _____ Home Phone: (____) _____
E-mail of person filling out form: _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact 1 st	Backup Contact (relative or friend)
Name: _____	Name: _____
Relation to camper: _____	Relation to camper: _____
Daytime phone: (____) _____	Daytime phone: (____) _____
Evening phone: (____) _____	Evening phone: (____) _____

INSURANCE POLICY INFORMATION

YES or NO The above child is covered by health insurance. If YES, provide the following information which is required by the Flagstaff Medical Center to expedite treatment and to facilitate the billing process.

Policyholder's (P.H.) Name _____ P.H.'s Date of Birth: _____
Address: _____ Relationship to camper: _____
City, State, Zip: _____ Occupation: _____
Employer Address: _____
Insurance Company: _____
Insurance Company Address: _____
Policy #: _____ Plan #: _____

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named camper, authorize the YOP Soccer Camp staff to seek medical treatment for the camper as they see necessary at Flagstaff Medical Center or another nearby facility. I consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that is given to provide the Camp staff authority to seek medical treatment and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

Legal Guardian's Signature

Print Name

Date
(2-Page Form)

Camper's Name: _____

Directions: Completion of this form by a parent or guardian is required before a child can enter camp. Please answer all questions. Incomplete forms will be returned to you for the missing information. Please type or print in black ink. Attach any specific recommendations from your physician to this form.

DOES THE CAMPER CURRENTLY HAVE ANY OF THE FOLLOWING? (If yes, please describe)

Drug Allergies: _____

Food Allergies: _____

Allergies to insect bites: _____

Special Dietary Needs: _____

Asthma: _____

Frequent Headaches: _____

Dizziness or seizures: _____

LIST: Other health problems: _____

Limitations of Activities: _____

Medications currently being taken (Medications must be provided in original prescription bottle): _____

MEDICAL HISTORY

IMMUNIZATION DATES: Date of last medical check-up: _____

Measles _____ Reasons for any hospitalization in past 5 years:

Mumps _____

Rubella _____

OR MMR _____

Last Tetnus _____

(DPT, TT, or TD) _____

Polio Series completes _____

PHYSICIANS INFORMATION (to be completed by physician) Please **PRINT** the following information:

Physician's Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

I have examined the above named camper and found him/her to be able to participate in all activities of the YOP Soccer Camp.

Physician's Signature Print Name Date

HEALTH CENTER SERVICES

Medical Consent Form

Conference participants are eligible to utilize the services of the Fronske Health Center. The health center is an outpatient facility staffed by full-time physicians and nurse practitioners. The health center has lab and x-ray services available, as well as a pharmacy. Summer hours for the health center are 7:30 a.m. to 4:30 p.m., Monday through Friday

If care is needed at the Fronske Health Center, a health information form will be filled out at the center by those persons 18 years and older prior to their being seen by a practitioner. A medical consent form (see below) must be filled out by the parent or guardian of those individuals 17 years of age and younger. This form gives important information regarding your minor child that the doctor may need prior to providing any treatment or medications. **Conference participants 17 years of age and younger will not be treated without this form in hand.**

The health center is not authorized by the Arizona Board of Regents to treat dependents of conference participants; hence, only those persons registered for NAU conference participation will be treated for acute problems or exacerbation of chronic problems that arise while attending their conference.

Note: Fronske does not process insurance claims; payment is due at the time of service.

SUMMER CONFERENCE EMERGENCY MEDICAL CONSENT FORM PARENT OR GUARDIAN OF EACH PARTICIPANT 17 YEARS OF AGE AND UNDER MUST COMPLETE A MEDICAL CONSENT FORM
Parent or guardian must sign this form: a physician's signature is <i>not</i> required. If you require further information, please call the du Bois Center, Office of Conference Services at (928) 523-3321.

I hereby give consent to Fronske Health Center, to the Flagstaff Medical Center, and to any physicians to whom the Fronske Health Center medical staff may refer my son/my daughter for the purpose of carrying out whatever medical treatment or minor surgery they may deem necessary for the health and/or welfare of my son/my daughter during the time the conference is on campus. It is also understood that no major surgery will be performed on my son/my daughter without my further specific consent, except in the case of extreme urgency, when the delay in obtaining such consent would constitute a serious risk of life to my son/ my daughter. In such case, life-sustaining support would be given.

Name of Conference /Camp ↑	Dates of Attendance ↑
Name of person for whom consent is given (Please Print) ↑	
Birthdate ↑	Social Security Number ↑
Medical Insurer ↑	Policy Number ↑
Signature of Parent or Guardian ↑	Date ↑
Person to Contact in Case of Emergency (please print) ↑	Home Number (area code / phone number) ↑
Address ↑	Work Phone (area code / phone number) ↑
Please list all medical information which may be important for us to know concerning your son/daughter/ward; i.e., drug allergies, chronic health problems, continuing medications, etc.	

MEDICATION DISPENSING FORM

Medication will be administered to students during camp stay only when such medication is needed by the student to remain in camp and administration is required. NO MEDICATION WILL BE ADMINISTERED TO ANY STUDENT WITHOUT PROPER COMPLETION OF THIS FORM. The form should also be used for non-prescription drugs, such as aspirin, when prescribed by a physician.

Any medication to be administered by the camp athletic trainer must be delivered in the ORIGINAL AND PROPERLY LABELED CONTAINER to the camp nurse, along with this dispensing form. Prescription medicine will be kept with the camp athletic trainer.

In the absence of the athletic trainer, the director of the camp will administer the medication. In cases where the Medication Dispensing Form is not available and administration of the medication is necessary, the athletic trainer may obtain verbal orders from the attending physician by phone. Such verbal orders must be documented by the camp athletic trainer on the Medication Dispensing Form. In order for the medication to be administered the following day, a signed Medication Dispensing Form must be received from the parent or guardian. Failure of the parent/guardian to provide documentation will require the parent/guardian to be present at the camp to administer the medication personally.

STUDENT'S NAME _____ AGE _____ GRADE _____

LIST ANY ALLERGIES TO MEDICATIONS: _____

NAME OF 1st MEDICATION _____

DOSAGE _____ FREQUENCY (Time of day) _____

REASON FOR MEDICATION _____

EFFECTIVE DATES: From _____ To _____

NAME OF 2nd MEDICATION _____

DOSAGE _____ FREQUENCY _____

REASON FOR MEDICATION _____

EFFECTIVE DATES: From _____ To _____
(please obtain additional forms if more than two medications are required)

As parent/guardian of the above named student, I hereby request that the medication described above be administered to my child and release the Arizona Youth Soccer Association for any damages my child may suffer as a result of this request.

Parent/Guardian Signature DATE

Home Telephone Work Telephone Cell Phone