

## Mission Statement

The Chico State Summer Youth Camp provides challenging and exciting soccer training to develop the skills of youth soccer players in our community. We focus on the fundamentals of the game and challenging our players with technical and tactical exercises. Players will also learn the importance of work ethic, healthy lifestyle, teamwork, and having fun.



### **CAMP LOCATION:**

Chico State Summer Youth Camps will be held at University Soccer Stadium.

[www.chicowildcats.com](http://www.chicowildcats.com)



### **CHICO STATE MEN'S SOCCER TEAM**

2010 NCAA West Region Champions

2010 Elite Eight

2011 National Ranking #24

Three-time defending North Division Champions

2013 NCAA Second Round

## GENERAL CAMP INFO

### **To Enroll**

Fill out the attached enrollment form and mail it in with **full payment and completed registration forms**. All campers must have health insurance coverage and have had a physical exam within the past year. A confirmation packet that includes a detailed itinerary, medical history form, photo release form, and camper rules will be mailed upon receipt of your enrollment. These forms are also available on the Chico State Athletics website at [www.chicowildcats.com](http://www.chicowildcats.com).

### **To Cancel a Camp**

Full camp fees will be refunded if canceled 30 days prior to the first day of camp. Full camp fees, minus a \$25 administrative fee, will be provided for cancellations made 14 days prior to the first day of camp. For any cancellation made less than 14 days prior to the first day of camp, 50% of the camp fees will be refunded.

Camp directors reserve the right to cancel a camp if a minimum number of campers have not registered 14 days prior to the scheduled first day of camp. If a camp is canceled by the camp director, a full refund will be provided to all camp registrants. Any days missed from camp will not be deducted, returned or pro-rated from the camp fee.

### **Illness or Injury**

If a child suffers a minor injury during any camp, he/she will receive first aid from the camp staff. A written accident/incident report will be given to the parent during pick up. Parents, or emergency contacts listed on the child's health form, will be notified immediately in the event of serious illness or injury— this includes any injury to the head. A child with a body temperature of 100 degrees or higher will need to be picked up from camp. If necessary, an injured child will be transported to an appropriate medical facility (Enloe Hospital unless otherwise stated on health form.)

### **Health Insurance and Release Form**

Medical coverage is necessary for participation in any Chico State Sports Camp. A signed and returned release form is required for participation.



**MEN'S SOCCER**

## **Chico State**

Men's Soccer  
YOUTH CAMPS  
JUNE 8-11, 2015  
JUNE 15-18, 2015



## FUTURE STARS PROGRAM

The Future Stars Program is designated for ages 4-8 and focuses on basic technical soccer skills and smaller sided game. Our program introduces dribbling, passing, receiving, and shooting. The Future Stars will learn how to play a ball with all areas of the foot, while being introduced to the rules and facets of the game.

COST: \$100 for one week

## JUNIOR WILDCAT PROGRAM

The Junior Wildcat Program promotes skill development for ages 8-12 through technical repetition such as dribbling, shielding, receiving, shooting, passing, and heading. These technical skills will be emphasized during smaller exercises/activities and game situation. The Junior Wildcat program is designed to develop greater success of technical skills under pressure. Our emphasis will be on proper striking technique, attacking opponents on the dribble, and correct movement away from the ball.

COST: \$100 for one week



### WILDCAT CAMP STAFF

**Felipe Restrepo**

Head Coach Chico State Men's Soccer  
Camp Director

**Zach Bradford**

Assistant Coach, Chico State Men's Soccer

**Chico State Men's Soccer Team**

## CAMP HOURS

Camp hours are from 9:00 AM - 12:00 PM,  
Monday-Thursday, **June 8-11, 2015 and  
June 15-18, 2015.**

## COST

Future Stars Program **\$100.00/participant**

Jr. Wildcat Program **\$100.00/participant**

## WHAT TO BRING

- Water Bottle
- Snack
- Shin Guards
- Cleats
- Indoor Shoes

## HOW TO RESERVE YOUR SPOT

Fill out the brochure, REGISTRATION  
FORMS, and enclose payment.

**Registration forms can be found online at  
[www.chicowildcats.com](http://www.chicowildcats.com).**



### **QUESTIONS?**

Camp Director: Felipe Restrepo  
Phone: (530) 898-6810  
Email: [lrestrepo@csuchico.edu](mailto:lrestrepo@csuchico.edu)

## CAMPER INFORMATION

Name \_\_\_\_\_

Age \_\_\_\_ School \_\_\_\_\_ Grade in Fall '14 \_\_\_\_

Team Name (for team rate) \_\_\_\_\_

### CAMP CHOICE

- Future Stars Program
- Jr. Wildcat Program

## PARENT INFORMATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

## PAYMENT INFORMATION

checks should be made payable to:

**RF-Men's Soccer**

and mailed to:

**Chico State Athletics  
Men's Soccer  
Chico, CA 95929-0300**

to pay by credit card, please call:

**Chico State Athletics  
530/898-6470**



**CHICO STATE**  
MEN'S SOCCER



## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This document affects your legal rights. You should read and understand it before signing it.

In consideration for receiving permission to participate in \_\_\_\_\_  
on \_\_\_\_\_, I hereby waive, release, and discharge any and all claims for  
(activity/trip date(s))  
(describe activity)

damages for death, personal injury or property damage which I may have or which hereafter may accrue to me against the CSU, Chico Research Foundation, its programs, the State of California, the Trustees of the California State University, and the officers and employees, as a result of my participation in any way in the event described above.

This release is intended to discharge The State of California, Trustees of The California State University, California State University, Chico, the CSU, Chico Research Foundation, officers, employees, students, and volunteers of each and any other public agency from and against any and all liability arising out of or connected in any way with my participation in the event/activity, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above.

I further understand that accidents and injuries can arise out of participation in this event/activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

\_\_\_\_\_ I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

\_\_\_\_\_ As parent/guardian, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical activity. I give permission for him/her to be medically treated for illness occurring or injury sustained during participation in the above activity, and certify that he/she is covered by medical insurance. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

\_\_\_\_\_  
Name of participant (print) \_\_\_\_\_  
Signature of participant or guardian if under 18

\_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**WITNESS:**

\_\_\_\_\_  
Printed Name of Witness \_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Witness \_\_\_\_\_

CSU, CHICO RESEARCH FOUNDATION  
AUTHORIZATION TO TREAT A MINOR

In the event that my son/daughter becomes ill or sustains an injury while in the care or under the supervision of the \_\_\_\_\_ program (name of program), operated through the CSU, Chico Research Foundation, any of the adult supervisors of the activity is given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care: \_\_\_\_\_, a minor, do hereby authorize I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.

I further agree to not hold the above-named program or the CSU, Chico Research Foundation liable for the medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Medical Insurance Information:

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Medical Information:

Allergies to drugs or foods: \_\_\_\_\_

Required medications & frequency: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Are there any activity limitations or special needs?: \_\_\_\_\_

Any previous illness/injury that should be taken into consideration? \_\_\_\_\_

Emergency Contact and Pick Up Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event a parent/guardian cannot be reached, please indicate relatives or family friends who may be contacted in an emergency or for pick up.

Alternates:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_