

Waseca High School Soccer Girls team

Waterville Kamp Dels Monday August 12-Wednesday 14, 2019

Camp Soccer Training is at Kamp Dels, 14842 Sakatah Lake Rd, Waterville, MN 56096

Main Contact Information: Head Coach JD Delgado (507-837-2361).

Coaches attending and staying overnight are: JD Delgado, Scott Hiller, Salvador Neaves, Brittany Dwyer, Philip Bulfer, James Fuller, Crystal Bartelt, and Lorial Roballo.

Preseason Soccer camp objective:

Waseca High School Girls Preseason Soccer Camp is designed to prepare the players for their upcoming fall season. Each day they will be a workout session managed of speed, agility and strength that will focus on activities to improve a player's speed, quickness, agility, endurance and core strength. The training program of instruction is designed to cater to the individual development of each player through a planned progression. The emphasis on team work and team bonding will be our number one priority. Camp is open for girl's grades 7th-12th. The Waseca High School has provided us with a cargo van to carry all of the materials (Grill, tents, sleeping bags, etc.). Loading will begin at 7:00AM on Monday August 12, 2019. Please, follow our vehicle to "Kamp Dels" Campground to the exact place that we have rented. Players drop offs and pick up will be at "Kamp Dels" Campground on Monday August 12, 2019 at 8:25AM. Players pick up will be on Wednesday August 14th, 2019 at noon. Cost of Camp is \$65.00 for the 3 days and 2 nights stay including food. Money (preferably cash) will be collected at the Waseca High School during the fall registration night on Monday August 5th, 2019. Please, ensure that the Parental Consent Form/Liability Release is signed appropriately. Once camp money has been collected, the volunteer parents will be buying all the camp products. The coaches will be renting a small camper where they will be staying. If you have any conflicts or concerns with camping, please call me immediately (507-837-2361) so arrangements could be made.

We encourage players to attend the 7th Annual Soccer Camp. DIBS is a commitment hour program that has been adopted by the Waseca Soccer Club Board utilizing a management system knows as DIBS. You are required to volunteer ten (10) hours commitment for spring/summer soccer. You can work towards your DIBS hours by volunteering for the following:

- We would like to invite parents to chaperone during the camp, especially overnight. Please, provide us with your name so we can create a list of volunteers.
- We would like to ask for food donations. Food donations could include a hot dish, also we would take any fruits, vegetables, water, power drinks; can food, snacks, and items to grill
- We would like to ask parents to help out at preparing meals for breakfast, lunch and dinner. Players with restricted diet products should bring their own food.
- Tents are needed; please let us know if you have tents that are in optimal conditions to be use.
- A least two (2) grills are needed to cook our food. Please, bring it to the campground and installed, it will be much appreciated.
- 8 tables are in need to service student's meals.
- 10 ice coolers are in need to maintain everything cold.

Please, provide us with your name as we need to create a list of volunteers, e-mail me at coach.delgado19@gmail.com.

What to bring:

- Water proof tent (usually players provide me with a list of players that will be tenting with. One of these players is responsible of bringing a tent).
- Sleeping bag (Water proof).
- Dress appropriately for outdoor weather/rainy day. (Remember that in the past years it has rained a lot).
- Swim suit for the pool.
- Soccer cleats.
- Shin guards.
- Ball.
- Water bottle.

- Tennis shoes to hike/run (Must bring a pair).
- Bug Spray/Sunscreen.
- Extra clothes (Socks, shorts, shirts, Underwear, ponchos, etc).
- 4 Black Trash Bags.

Frequently asked questions:

Can I volunteer to be my Player/s chaperone? Definitely, we strongly encourage parents to participate at our camp especially overnight. We will need parents support in the areas of organizing, controlling, and preparing food for our athletes. NOTE: To be able to assist at the training area (field), you need to be invited by the Waseca High School Soccer Head Coach.

Can I maintain communication with my kids? Definitely, during an emergency feel free to call Coach JD Delgado (507-837-2361). Otherwise the athletes will have breaks during the day to be able to establish any communication with parents.

Can I stop at the camp? Could I bring items to the team? Definitely, you can arrive at any time at camp headquarters. We encourage parents to allow players to complete their practices/training. In the event that you would like to donate food or camp items, feel free to bring it to the person in charge.

Lights out? Our Camp will be lights out at 10:00PM. After this hour no one is welcome to the camp site.

Rules/zero tolerance!

Illegal, addictive, dangerous, or controlled substances are not allowed at camp. Possession of drugs or drug paraphernalia, use, manufacture, distribution, or sale of illegal drugs is prohibited. Furthermore, any use of illegal drugs is considered by the coaching staff to be self-destructive behavior. Players are not permitted to consume or possess alcoholic beverages at camp. Any alcohol found will be destroyed and disciplinary sanctions will be imposed. Players are not permitted the use of tobacco, including smokeless tobacco products, and legal smoking products are prohibited at camp. Players or staff found in a room where drugs or alcohol are being used or present are subject to disciplinary action whether or not they were engaging in the behavior, and they will be sent home immediately after we contact parents. The extra-curricular practice guidelines by the Waseca Public Schools are followed strictly.

Sneaking out? Sneaking out can be risky and place the lives of players and friends in total danger. Players are not permitted to leave the soccer camp site during or after the lights are out. Players will be sent home immediately after we contacted parents if they incur on any non-permitted guidelines. The extra-curricular practice guidelines by the Waseca Public Schools are followed strictly.

Parental Consent Form/Liability Release

Date _____ Player's Name _____ Age _____
Birthdate _____ Address _____ City _____
State _____ Zip Code _____ Home Phone # _____ Current Grade (or last completed) _____
Parent's Cell Phone # (____) _____ Work Phone # (____) _____ Emergency Contact # (____) _____
Name _____ Alternate Contact # (____) _____ Name _____

PARENTAL CONSENT: As parent/guardian of _____ I hereby give my permission for my child to attend and participate in the activities sponsored by the Waseca High School Soccer Girls team. I do hereby hold harmless its Directors, Officers, Employees, Volunteers, or Staff of said School, for any bodily injury, illness or disease, or for loss or damage to any property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation. In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to secure proper treatment for, and order injection or anesthesia or surgery for my child or ward as named above. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to her. The undersigned does also hereby give permission for said players to ride in any vehicle designated by Waseca High School Soccer Girls team staff while attending or participating in activities sponsored by Waseca High School Soccer Girls team. I consent to the use of any video images, photographs, audio recordings, or any other visual or audio Reproduction that may be taken of said player while participating in activities sponsored by Waseca High School Soccer Girls team, to be used, distributed, or shown as Waseca High School Soccer Girls team sees fit.

Student Signature _____ Print Name _____ Date _____
Parent/Guardian Signature _____ Print Name _____ Date _____

Please complete and sign the reverse side of this form. (**Office use: Head Coach, file this form in your files.**)

Name _____ Birthdate _____ Check Boxes

That Apply:

Allergies Food Peanuts Other _____

Seasonal _____ Aspirin Penicillin Other

Drugs _____ Illnesses Heart Condition

Convulsions/Seizures High Blood Pressure Fainting Frequent Upset Stomach Asthma Migraine Headaches

Other _____ Are there any routine treatments or

medications needed by your child on a daily basis? No Yes If yes please

list _____ the child can take their medication on their

own. the child must have this administered by an adult. Insurance Information Does the child have medical insurance?

No Yes Insurance Company _____ Insurance Policy

_____ Parent or Guardian

Signature _____ Date _____