



SA UNITED SOCCER CLUB

RESIDENTIAL CAMP
at
YMCA CAMP FLAMING ARROW



INSTRUCTIONS

Are you interested in registering for our very first SA United Soccer Club Residential Camp?

Please follow the instructions below:

1. Complete the Residential camp registration form; please ensure that contact details are clear.

2. Complete the Residential Camper Medical form

3. Complete Residential Camper Medical Insurance Information Form

4. Send all 3 forms WITH full payment before the registration deadline to:

SA United Soccer Club, Residential Camp, PO Box 17626, San Antonio, Texas, 78217.

PLEASE NOTE: DO NOT SEND FORMS TO CAMP FLAMING ARROW

5. REGISTRATION DEADLINE AUGUST 2ND 2010

6. Encourage your team mates to sign up!

7. Prepare for camp using our Residential Camp Checklist

8. Ensure that you use the Residential Camp directions to camp NOT map-quest etc.

9. Arrive for camp on Friday 13th August between 1pm and 2pm.

10. Bring a picnic lunch or eat prior to arrival as lunch will NOT be provided on the Friday.

11. On arrival, register at the desk in Strong Hall



Cost Per Player: \$185



Sign up before July 1st 2010 for the discounted rate of \$170!

Please complete this registration and return to:
SA United Soccer Club, Residential Camp, PO Box 17626, San Antonio, Texas, 78217.
PLEASE NOTE, payment is due with this registration and is non-refundable.

PLEASE PRINT IN INK

Camp is open to all SA United U11 through U15 Players

Participant 1 Name: Age DOB Gender \$

Participant 2 Name: Age DOB Gender \$

Participant 3 Name: Age DOB Gender \$

Parent/Guardian 1: Total \$

Parent/Guardian 2:

Home Telephone: Cell Number:

Address: City: State: Zip:

Parent / Guardian Email Address (primary source of communication):

Emergency Contact name and phone number:

Would you be interested in attending camp as a volunteer staff member ? (please circle) YES NO

Volunteer Name: (Please sign the release form below)

Arrival: All participants are asked to arrive between 1 & 2 pm on Friday, August 13, 2010. Lunch will not be served, so please eat prior to arrival or bring a picnic lunch. If you need to arrive later, please call SA United Soccer Club to make arrangements.

Departure: The retreat ends at 2pm on Sunday, August 15, 2010. Please be at camp by 1pm to collect your child's belongings and be ready for the 1.30pm closing ceremony. All participants are asked to be picked up no later than 2pm.

I hereby apply for the above named person/s to participate in the SA United Soccer Club residential camp at YMCA Camp Flaming Arrow. I agree to pay the non refundable registration fee per person. I further hold SA United Soccer Club, World Wide Soccer LLC and the YMCA Camp Flaming Arrow, its employees and its agents harmless from any and all liability resulting from any accident, illness, injuries, negligence or losses that I or my child may suffer while practicing or training with SA United Soccer Club and World Wide Soccer LLC's and YMCA Camp Flaming Arrow employees. I also give permission for SA United Soccer Club to photograph and use any images of my children for advertising purposes.

Do you authorize medical treatment in case of an emergency for all participants named above? Yes ___ No ___

Parent/Guardian Signature Date

Parent Volunteer Signature Date



Session #: _____

Date Form Completed: _____

Camper Medical Insurance Information

Please Return to: YMCA Camp Flaming Arrow, P.O. Box 770, Hunt, TX 78024 fax 830-238-4280

Camper Name: _____ **DOB** _____

In case of medical emergency or need, please provide us with the following medical insurance information. If possible, please attach copies of all medical insurance cards, both front and back.

My child is NOT covered by insurance. I understand that I am responsible for any medical cost that my child should incur while at YMCA Camp Flaming Arrow.

My child IS covered by insurance. List all types of insurance coverage below.

Below is coverage for (circle all that apply): Medical Dental Vision

Medical Insurance Company: _____ Policy No.: _____

Subscriber's Name: _____ Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

* If possible, please include copy of insurance card, front and back.

Other Insurance such as separate dental or vision If other insurance is separate, please list below
Please circle insurance type: Dental Vision Other _____

Insurance Company: _____ Policy No.: _____

Subscriber's Name: _____ Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

* If possible, please include copy of insurance card, front and back.

Please circle insurance type: Dental Vision Other _____

Insurance Company: _____ Policy No.: _____

Subscriber's Name: _____ Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

* If possible, please include copy of insurance card, front and back.

Please note that we will contact the parents/guardian should your camper need medical attention. Outside of an emergency situation, we will gain parental consent prior to seeking medical attention in cases such as illness, ear have, dental need, etc.

Parent Signature: _____

Printed Name: _____ Date: _____

Please Return to: YMCA Camp Flaming Arrow, P.O. Box 770, Hunt, TX 78024 fax 830-238-4280



Session #: _____

Date Form Completed: _____

YMCA Camp Flaming Arrow Health History Questionnaire

Camper Information:

Camper Name: _____ Gender: _____ Home Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Name of parent(s) or guardian(s) (Please list both Parents, even if divorced):

Person(s) with whom the child resides: _____ Parents Divorced? YES NO

Mother's Work phone: (____) _____ Cell Phone:(____) _____

Father's Work phone: (____) _____ Cell Phone: (____) _____

Guardian's Work phone: (____) _____ Cell Phone: (____) _____

* Please list the names in the order you would like for us to contact in case of an emergency: (i.e. guardian, mom...) _____

Contact Information, incase of an emergency:

Name: _____ Relationship to Camper: _____

Hm. Phone: (____) _____ Wk. Phone: (____) _____ Cell: (____) _____

Name: _____ Relationship to Camper: _____

Hm. Phone: (____) _____ Wk. Phone: (____) _____ Cell: (____) _____

Physician's Information:

Family physician or pediatrician: _____ Office Phone: (____) _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

Parent Input:

I consider the child's health: ___excellent ___ above average ___ average ___ below average

Allergies: ___ Yes ___ No (If yes, please specify. Also give us the degree of severity and usual treatment needed, if any, i.e. medication/insect bites/foods)

Comments: _____

Does your child have any condition or special needs requiring special attention? (Including diet) ___ Yes ___ No (if yes, please be specific in describing them.)

Comments: _____

Originals Required

HEALTH HISTORY Continued:

Child's Name: _____

Is bed wetting a problem? Yes No

Does your child sunburn easily: Yes No

APPROVED FOR PARTICIPATION IN:

HIKING AND CAMPING

- No Restriction
- Moderate Activity
- No Participation

WATER ACTIVITIES

- No Restriction
- Moderate Activity
- No Participation

STRENUOUS ACTIVITY

- No Restriction
- Moderate Activity
- No Participation

HAS YOUR CHILD EVER HAD THE FOLLOWING: If yes, please elaborate below.

Yes No

- Any Surgeries
- Asthma
- Appendicitis
- Bleeding Problems
- Blood Pressures Problems
- Convulsions
- Diabetes (low blood sugar)

Yes No

- Ear Problems
- Emotional Problems
- Epilepsy
- Heart Problems
- Hepatitis
- Hypoglycemia
- Other (list)

Yes No

- Migraine Headaches
- Rheumatic Fever
- Stomach Problems
- Sinus Troubles
- Thyroid Problems
- Tuberculosis

Immunization Record:

Has your child received at least...?

Yes No

- 3 doses of DPT (Diphtheria, Pertussis & Tetanus)
- 3 doses of OPV (Oral Polio Vaccine)
- 1 dose of MMR (Measles, Mumps, & Rubella)

EYES:

Yes No

- Glasses
- Contact Lenses
- Non-correctable Visual Problems

Date of last Tetanus shot: (if known) _____

* If unknown and medical attention is needed, he/she may receive a tetanus shot.

Indicate medications being taken at present/regularly (i.e. any prescription, herbal or OCT medications or vitamins):

FOR FEMALES ONLY

Menstrual Periods Begun? Yes No If not, has she been told about it? Yes No

Menstrual History Normal? Yes No Cramps: None Moderate Severe

Additional Comments _____

PARENT AUTHORIZATION:

To the best of my knowledge, all information provided by me is correct, accurate and complete. The person herein described has my full permission to participate in Camp activities except as indicated. In the event of any illness or accident, I give permission that medical measures be instituted without delay as the judgment of the medical personnel dictates.

PARENT (GUARDIAN) PRINTED NAME: _____

PARENT (GUARDIAN) SIGNATURE _____ DATE: _____

Notes and Reminders:

- We ask that children do not take a "holiday" from routine medication while at camp as staff is not trained to handle the side effects your child may experience while off routine medication.
- Ear drops (vinegar and alcohol solution) are administered to all children after swimming to help prevent painful ear infections.



Please note that the following is a SAMPLE itinerary and is likely to change dependent on numbers and teams that register:

FRIDAY 13TH AUGUST:

1-2PM: Arrival and registration – Bring own picnic lunch
2PM: Orientation with Camp Flaming Arrow Staff
2.15PM: Soccer Session
4 - 5.30PM: Pool swim session
6PM: Cookout
7PM: Group Games led by Camp Flaming Arrow Staff
8PM: Soccer Lecture and snack store open
9PM: Showers
10PM: Cabins
11PM: Lights out enforced

SATURDAY 14TH AUGUST:

8AM: Breakfast
9 – 11.30AM: Teambuilding
11.30 – 12.15PM: Soccer Lecture
12.30PM Lunch
1.15 – 2PM: FREE TIME
2 – 4.30PM: Water activities to include: Canoeing/ River-slide/ River swing and swimming pool time
Snack store open from 3.30 PM - 4 PM
5PM: Dinner
6 – 7.30PM: Soccer Session
8.30PM: Bonfire/Songs/S'Mores
9.30PM: Cabins
10.30PM: Lights out enforced

SUNDAY 15TH AUGUST:

8AM: Breakfast
9AM: Soccer Session
10AM: Scrimmages
11.30AM: Showers and pack up
12PM Lunch
12.30PM: Parent arrival
1.30PM: End of camp closing ceremony
2PM: DEPARTURE



CHECKLIST

Please MARK EVERY ITEM with the camper's full name.

Do not bring expensive items such as jewelry, or nice clothes to camp, SA United Soccer Club, World Wide Soccer and YMCA Camp Flaming Arrow cannot be held responsible for damage, loss or theft of personal belongings.

Pack all items in a footlocker if possible, or use a suitcase or duffel bag. Please bring a separate bag for dirty laundry. Understand that this is a suggested list. Please pack according to your camper's needs.

ALL SA UNITED RESIDENTIAL CAMPERS WILL RECEIVE A FREE SA UNITED WATER BOTTLE ON ARRIVAL AT CAMP! Players will be expected to label their water bottle and ensure that it is full and with them at all times.

Bedding

- Sheets (twin) and a light blanket
- 1 pillow and pillow case

Toiletries

- 2 Towels
- Soap and travel soap holder
- Toothbrush and toothpaste
- Shampoo and shower gel

Clothing

- 3 pairs of socks
- 3 underwear
- 2 pairs of shorts + SA United black shorts
- 1 pair of jeans or long pants
- 1 swimsuit
- 2 t-shirts
- 2 SA United Practice t-shirts
- 1 sweatshirt
- 1 pair of old training shoes
- Soccer cleats
- Shin guards
- 1 pair of shower shoes
- 1 pair of sandals/ flip-flops
- 1 Light raincoat
- 1 pair of pajamas
- Cap or hat for sun protection

Other Items

- Flashlight
- Brush/comb
- Insect repellent
- Sunscreen SPF 15 or greater and water/sweat proof
- Laundry bag
- Soccer ball
- Camera
- Writing materials (pen and notebook)
- A small amount of cash for souvenirs and/or snacks

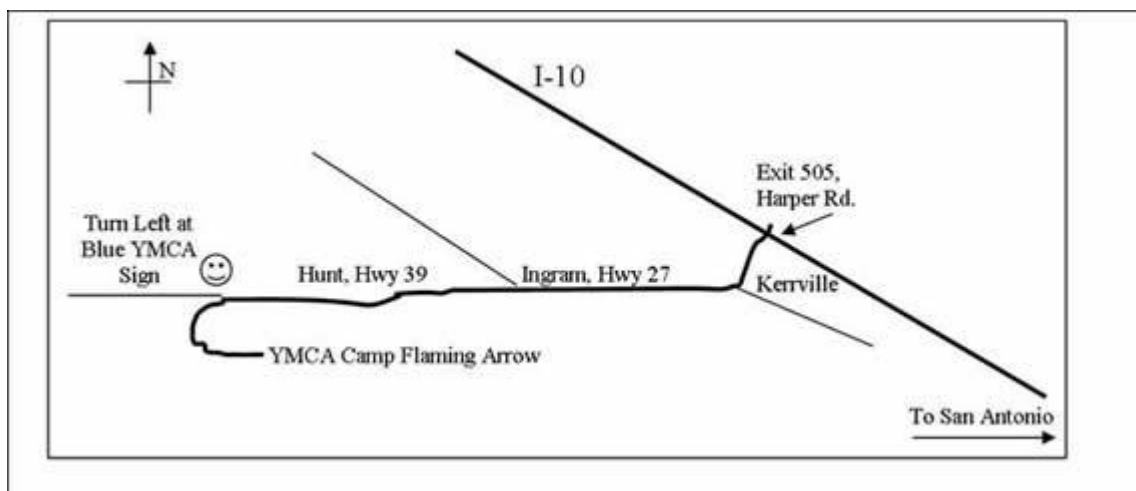


DIRECTIONS TO CAMP

(Caution: Map quest does not give correct direction to camp! Please follow directions below.)

From San Antonio:

1. Take I-10 West to Kerrville
2. Exit 505 - Harper Road
3. Loop around onto Harper Road toward Kerrville
4. Turn right at the second traffic light on to Highway 27 (Moore's Furniture is on your right.)
5. Travel approx. 5.5 miles to Ingram (The speed limit in Ingram is 35 MPH and is very strictly enforced)
6. At the third traffic light in Ingram, continue straight onto Highway 39 (Hwy 27 veers to the right)
7. Travel approx. 6 miles to Hunt (This is a very curvy road that has many deer crossing, please use caution)
8. Continue west on Highway 39
9. From the Hunt Post Office travel approx. 2.25 miles
10. Once you pass Casa Bonita Lodging, you have about 1/4 mile. Look for the BLUE YMCA Camp Flaming Arrow sign on your right.
11. Turn left at the YMCA Camp Flaming Arrow sign and follow the signs to the front gate.
12. Please check in at the desk located in Strong Hall.



Call for assistance - **Camp Flaming Arrow**: 1-800-765-9622

Contact numbers for **SA United**:

SALLY STEWART: 210-219-8949

JAY SPARROW: 210-219-7278

NOEL HATHERALL: 210-315-2627

