

2017 SAINT IGNATIUS HIGH SCHOOL



ALL-AMERICAN SOCCER CAMP

For Boys & Girls
Grades K-8

*4-time National Champions
8-time State Champions
17-time District Champions
15-time Team Academic
All-American
Train with Champions!*

CAMP DIRECTOR
COACH MIKE MCLAUGHLIN '85



- 2x -- National Soccer Coach of the Year
- 8-Time State Champion
- National Youth Coaching License
- Inducted into St. Ignatius High School Athletic Hall of Fame 2002
- Theology teacher at St. Ignatius HS

WHAT WILL YOU LEARN AT THE ALL-AMERICAN SOCCER CAMP?

- **Technique** – Activities will focus on dribbling, passing, trapping & shooting.
- **Tactics** – Games and exercises will help develop tactical awareness of game situations, proper decision making, and improve field vision.
- **Fitness Training** – Challenging physical exercises will focus on coordination, agility, speed & balance.
- **Overall** – Players will be challenged, have fun, and enjoy the greatest game in the world!

CAMP DATES/LOCATIONS (All Camps for Boys and Girls)

- May 30-June 1 St. Ignatius High School
9:00 - 11:00 Ages 3-6 \$100
- June 5 - 9 St. Bernadette School
9:00 - 12:00 Westlake (K-8) \$150
- June 12 - 16 Dorothy Lewis School
9:00 - 12:00 Solon (K-8) \$150
- June 19 - 23 St. Barnabas School
9:00 - 12:00 Macedonia (K-8) \$150
- June 26 - 30 Assumption Academy
9:00 - 12:00 Broad. Hts. (K-8) \$150
- July 3- 7 St. Ignatius High School
9:00 - 12:00 K - 4th Grade \$130
- July 3-7 St. Ignatius High School
1:00-4:00 5th-6th Grade \$130
- July 10 - 14 St. Ignatius High School
1:00 - 4:00 7th-8th Grade \$150
Advanced Camp With Dutch National KNVB Coaches!

- Each camper will receive a camp t-shirt and camp photo. Jerseys, backpacks, prizes, popsicles, and fruit snacks will be given out daily.
- Camp Staff will consist of current and former players from the St. Ignatius soccer program, as well as high level collegiate/high school female players from the area.
- Players are responsible for bringing their own water and ball each day.
- St. Ignatius jerseys/shorts/backpacks will be sold at the end of each week.

REGISTRATION

Name: _____

Gender: M F Birth Date: _____

Age: _____ Position: _____

Grade entering Fall 2017: _____

School: _____

Club Team: _____

Parent/Guardian: _____

Address: _____

City: _____

Phone: _____

E-mail: _____

Emergency Contact: _____

Emergency Phone: _____

T-shirt size: (please circle)

Adult: S M L XL

Youth: S M L

Please List Camp Date/Location Attending:

**LEARN MORE ABOUT
ST. IGNATIUS HIGH SCHOOL
www.ignatius.edu**

EMERGENCY MEDICAL INFORMATION

Known allergies or Reactions:

Medications currently taking:

Circle if known to have any of the following conditions:

Diabetes Epilepsy
Hemophilia Heart Condition

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

PAYABLE TO:
Register online at
www.ignatius.edu/soccer_camp
or mail this form and camp
fee, payable to the **ALL-
AMERICAN SOCCER
ACADEMY**

MAIL TO:
St. Ignatius High School
1911 West 30th St
Cleveland, OH 44113
ATTN: Mike McLaughlin

**PARENT/GUARDIAN
AUTHORIZATION AND
DISCLAIMER**

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the All-American Soccer Camp. In consideration of being allowed to participate in said activity, I hereby release, waive and discharge St. Ignatius High School, the All-American Soccer Camp, its instructors, agents, employees and host school/facility/parish from every claim, liability or demand of any kind sustained, whether caused by the negligence of the school, camp or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify the school and camp from any loss, liability damage or cost it may incur due to my participation in said activity in any way whether caused by the camp or otherwise. In the event of illness or injury arising directly or indirectly out of said activity, I hereby give my consent and authorization for the administration of first aid care and treatment by a licensed trainer and/or physician, and assume all risks resulting from the participation in all activities of the camp. 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.

Signature of Parent/Guardian Date

Contact Coach McLaughlin
mmclaughlin@ignatius.edu
216-272-4306