



# USF 2011 Winter ID Camp



**Dates:** December 17<sup>th</sup>-18<sup>th</sup>, 2011

**Location:** USF Soccer Facilities - University of South Florida, Tampa

**Cost:** \$225.00

**How to Register:** Online @ [www.usfsoccercamps.com](http://www.usfsoccercamps.com) &

**Click on the [SIGN-UP] Button**

(MC, VISA, Disc, Amex or E-Check Payments accepted online) OR

Complete & mail the registration form below with a check payable to:

**George Kiefer's Soccer Camps**

### Winter ID Camp Important Info...

- For High School Age Male Players (13-18)
- Check in, Saturday morning 12/17 from 9:30-10AM in the Big East Conference Room in the USF Athletic Facility
- Non-residential camp- (Hotel information close to campus will be provided with special rate upon request)
- Saturday-3 Sessions/Sunday-2 Sessions
- Lunch included
- NCAA Eligibility Seminar
- Training Sessions with USF Coaching Staff
- Goalkeeper Training Available with Coach Hancock
- Parent Q&A w/Coach Kiefer & his staff
- Closing Comments/Check-out, Sunday 12/18 @ 4pm

### NCAA ELIGIBILITY SEMINAR TOPICS:

**Core Courses, Clearinghouse registration, & GPA/ACT and SAT sliding scale**

### Training with the USF Men's Soccer Coaching Staff

### Q&A with Coach Kiefer & His Staff

Parents, guardians, and coaches are welcome to attend the NCAA Seminar & Q&A with Coach Kiefer.



**REGISTER NOW! - SPACE IS LIMITED!**

**If you are unable to register online, please complete and mail this registration form and mail to:**

**George Kiefer's USF Soccer Camps**

1936 Bruce B. Downs Blvd. PMB 306, Wesley Chapel, FL 33544

Attn: George Kiefer / Winter ID Camp

**Please make Checks Payable to: George Kiefer's Soccer Camps**

**If you have any questions please email [gkiefer.usfsoccercamps@gmail.com](mailto:gkiefer.usfsoccercamps@gmail.com) or call 813-315-6485.**

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian(s) Names: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

EMAIL (Required): \_\_\_\_\_ School, Club, or Team: \_\_\_\_\_ Position: Field Player OR GK

I hereby authorize the directors of Success in Soccer, Inc. DBA George Kiefer's Soccer Camps to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors of the Success in Soccer, Inc. DBA George Kiefer's Soccer Camps and the University of South Florida from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this event. Registration fees are only partially refundable, if cancelled within 10 days of the start of this event or due to a medical reason or injury that prohibits the player from physical activity. There is a \$50 non-refundable fee for any cancellation reason. I acknowledge and accept the conditions above with my signature below.

Insurance Provider \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_