

KM United Summer Excellency Camps



We are proud to unveil our 2012 summer dates for our enormously popular Summer Camps

In 2011 over 100 players learned and enjoyed the game through our commitment to developing:

- 🏀 Technical Skills
- 🏀 Fundamental Skills
- 🏀 Speed and agility
- 🏀 Tactical Awareness
- 🏀 Sportsmanship in Competition

KM United would like to invite you to participate in these camps and become the best player you can be!

Week 1 *June 25th-28th 9AM-12PM* – **Principles of Attacking/Defending** – Players will develop their technical skills in dribbling, passing and finishing, while also learning tactical approach to attacking (*team shape in attack, transitioning into attack (counterattacking), finishing, and much more*). Players will also learn proper defensive stance, team shape in defense, and team defending. Players will learn communication skills to use on the field as well as popular terms used by coaches to help them understand their coaches better when they return to their teams. -----\$89

Week 2 *July 9th-12th 9AM-12PM* – **Finishing and Goalkeeping** – Our most popular camp from last year returns, adding a goalkeeping element for goalkeepers as well. Players will spend the week learning and practicing the art of finishing. Players will learn to execute with precision through hours of finishing exercises. Players will learn proper technique in shooting for power, shooting for placement, finishing off the volley, heading for goal, attacking the cross and much more. *****THIS CAMP FILLS UP QUICKLY*****-----\$89

Week 3 *July 23rd-26th 9AM-3PM* – **Advanced Team Play – (U-13 and Up)** This camp is designed for more experienced, committed and disciplined players. The ATP camp will challenge even the most committed high school player, strengthening their core fitness, understanding of the game, tactical awareness, and game analysis. Players and parents will also receive instruction on how to approach collegiate soccer. *****Players will need to bring a bag lunch for the classroom session of this camp***** -----\$109

*****Please contact KM United Director of Coaching, T.C. Ward, if you have any questions*****

Camper Name (Print) _____ Date of Birth ____/____/_____
Parent Name (Print) _____ Home Phone (____)____-_____
Street Address _____ Cell Phone (____)____-_____
City _____ State _____ Zip _____ Email _____

Emergency Contact Name _____ Phone _____

T-Shirt Size (Please select one) Adult __XL__L__M__S Youth __L

Camp Attending (Please check all that apply)

- Week 1 – June 25th-28th Principles of Attacking/Defending (U-7 – U-18)
- Week 2 – July 9th-12th Finishing & Goalkeeping (U-7 – U-18)
- Week 3 – July 23rd-26th Advanced Team Play (U-13 and Up)

Please make all checks payable to KM United. Mail check, medical waiver and registration to:

KM United Summer Academy
P.O. Box 128
Wales, WI 53183

Players who cancel their registration within two weeks of their camp date will receive a full refund minus a \$25 processing fee. KM United reserves the right (without refund) to delay, cancel, or forgo any day of camp due to inclement or unsafe weather conditions.

*****PLEASE COMPLETE THE FOLLOWING MEDICAL RELEASE AND INCLUDE WITH REGISTRATION*****



PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____

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

Club/Program: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Home Phone: _____ Work Phone: _____

Medical and/or Hospital Insurance Company: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Youth Soccer Association (WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of WYSA, US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify WYSA, US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.

My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent/Guardian Signature

Date