

CAMP REGISTRATION

Register online at
www.vikingsoccercamps.com

Or send registration form and fees (checks payable to Grand View University Women's Soccer) to:
Ventsi Stoimirov – Women's Soccer Coach
Grand View University
1200 Grandview Avenue
Des Moines, IA 50316-1599

Participant

Age Date of birth

Parent/Guardian

Address

City State Zip

Daytime phone

Evening phone

Cell phone

E-mail

T-Shirt size (adult sizes) circle one YS YM YL S M L XL

Emergency contact

Name

Contact's phone number

Medical information we should know

Please sign Waiver and Release and Health Statement on reverse.
Premier





VIKING PREMIER CAMP

AT GRAND VIEW UNIVERSITY

CAMP INFORMATION

WHEN: July 19-23, 2009, 5:00 p.m. – 7:30 p.m.

WHERE: Grand View University
Luhr's Athletic Complex

WHO: This camp is open to female players who will attend high school in the fall of 2010. Players in their last year of middle school may be admitted with approval from the camp director.

COST: \$100

TEAM DISCOUNT

If four or more players from the same team register for the camp, each camper saves money! A team discount of \$20 per player will be offered. Please send team registrations together with the appropriate discounted payment.

ADDITIONAL INFORMATION

Ventsi Stoimirov
Women's Soccer Coach
Grand View University
E-mail: vstoimirov@grandview.edu
Phone: 515-263-6159 (office)
515-779-6852 (mobile)

After June 13, please contact the camp director via email or Nancy Javaux at 515-480-0138

MESSAGE FROM THE CAMP DIRECTOR

Our camp atmosphere will provide a healthy environment for learning and individual improvement. This camp is intended to give every player the skills to succeed at the high school, club, or college level. The camp curriculum will feature a combination of traditional and the most modern methods of coaching. Daily sessions will focus on various technical aspects as well as tactical and strategic playing situations. Some sessions will include full-sided matches and small-sided tournaments. Part of each session will cover plyometrics, core strength, and foot quickness drills. This camp is intended to challenge each participant to improve her soccer skills in a positive and fun environment.

CAMP DIRECTOR

Ventsi Stoimirov started the women's soccer program at Grand View in 1998. The Vikings won back-to-back Midwest Collegiate Conference titles in 2003 and 2004, and finished as runner up in 2005 and 2007. The team also won the Conference Tournament title in 2003 and 2009 and finished as Tournament runner up in 2002, 2004, 2006 and 2008. 2009 marked a milestone in the program's history as the Vikings made their first NAIA National Tournament appearance. The Vikings have been ranked nationally or received votes in the NAIA National rankings in 2003, 2004, 2005 and 2007. Stoimirov has coached 11 All Americans and 14 Academic All American Scholars.



Stoimirov, who has an International FIFA/UEFA "B" Coaching License, has ten years of club coaching experience. His teams have won five state championships. He was a six-year starter for the Des Moines Menace and played on teams that reached the final four of the National Tournament in 1995 and 1998.

He grew up in Bulgaria, playing for the CSKA F.C. Sofia. He was a member of three national championship teams on youth and collegiate levels and the under-17 National Team Pool. Stoimirov also played in the second division of what is now the Professional Soccer League.

WAIVER AND RELEASE

I am aware of the dangers involved in participation in the physical activities of the Grand View Soccer Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Grand View Sport Camps involve competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Soccer Camp, Grand View University, their officers, agents, employees, and volunteers – including without limitation, equipment personnel, and physicians and other practitioners of the healing arts – from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature Date

Parent/Guardian Signature Date

HEALTH STATEMENT/MEDICAL AUTHORIZATION

I do hereby state that the camper is in good health and suffers from no illness, disability or health condition that could unduly hinder or prevent camper's safe participation in the Grand View Soccer Camp. Furthermore, I have no knowledge of any reason that the camper cannot participate in vigorous activity. I hereby authorize and give my consent as camper's legal guardian to Grand View University or any licensed physician or athletic trainer to perform or administer, without prior consent, any reasonable, necessary medical treatment to:

_____ (camper's name). I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with the camper's attendance at the Grand View Soccer Camp.

Parent or Legal Guardian Signature Date

Health Insurance Company

Policy Number