



Henry Ellis

Head Men's Soccer Coach
University of Colorado at Colorado Springs

About Coach Ellis:

- ◆ Assistant Soccer Coach—Virginia Military Institute
- ◆ Assistant Soccer Coach—Tennessee Tech
- ◆ Assistant Coach/Goalkeepers—College of Charleston
- ◆ Assistant Coach—The Citadel
- ◆ NSCAA Premier License
- ◆ NSCAA Central Region Chairman
- ◆ NCAA Division I—The Citadel
- ◆ MLS—DC United
- ◆ USL A-League—Charleston Battery

About the Camp:

The April 30th UCCS ID Camp is for the soccer player looking for an opportunity to play at the next level. This is a one day camp held at the UCCS soccer field. There will be multiple technical sessions as well as a game. The UCCS Coaching Staff will evaluate all players looking for potential additions to their roster.

Goalkeepers will be evaluated by the UCCS goalkeeper coach.

Camp Information

UCCS Men's Soccer Camp : April 30th

- Soccer Players 16 years and older
- One Day Camp
- Players intending to play in College
- Check-in starts at 11am on April 30th
- Check-in at Mountain Lion Stadium
- Camp Cost, \$65

Inclement Weather Plan

- If inclement weather, camp will be on Sunday, May 1st
- May 1st Schedule: Check-in 9:00 am
- Camp Ends at 12:30

What to Bring

- *Soccer Cleats *Shinguards
- *Water bottle *Other necessary gear

DO NOT bring valuables

For more information and directions go to,

Camp Staff

Henry Ellis
Head Men's Soccer Coach

Johnnie Keen
Assistant Men's Soccer Coach
University of Colorado at Colorado Springs

Current UCCS Players

Tentative Schedule

11:00 am.....	Check-in at Mountain Lion Stadium
11:45 am	Individual Warm-up
12:00 pm.....	Beginning of Session
3:00 pm.....	End of Session

Camp Fee:

\$65 - Fall Camp

\$10 Late Fee, for registrations received after April 26th

For Questions Contact — Coach Keen
Office: 719-255-3575
Email: jkeen@uccs.edu

Camp Application—Please Print

(return with Release Statement)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Age: _____ Grad Year: _____ Position: _____

Club Team: _____

High School: _____

Enrolled in a college? Yes _____ No _____

If yes, which one? _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Return Brochures to:

UCCS Men's Soccer
1420 Austin Bluffs Pkwy.
Colorado Springs, CO
80918

Or

Fax: 719-255-3029
To: Johnnie Keen
Subj. Men's Soccer Fall
Camp



UCCS SOCCER CAMP RELEASE STATEMENT

I/we, the undersigned, hereby certify that I am/we are the parent(s) or legal guardian(s) of the camper. I/we hereby authorize the staff of the UCCS sports campus to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless UCCS employees, suppliers, sponsors, and participants for any and all liability and for any and all injuries or illness incurred while at camp. I/we acknowledge that participation in this camp may result in accidents and/or injuries. Even though I know that there are risks involved, I still give my approval for my child to participate in any and all camp activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment or health problems that would be affected by my child's participation in the UCCS Summer Sports Camps. By signing this form, I/we acknowledge that I have read and understand the above warning.

Signature: _____ Date: _____

Name of Insurance Carrier: _____

Policy Number: _____

Parental Consent Form—Please Print

**All campers must have their own medical insurance.*

Camper Name: _____

Birthdate: _____
Month Day Year

Parent/
Guardian Name: _____

Relationship: _____

Allergic Reaction to drugs, food, asthma? Yes _____ No _____
If yes, please explain:

Taking Medications at this time? Yes _____ No _____
If yes, please explain: