

**Congratulations:**

Your application for camp has been accepted and we are delighted that you have chosen Star Goalkeeper Academy this summer.

Tuition Balances:

Balances are due 30 days prior to camp. In order to secure your reservation, please ensure all payments are finalized at the designated time. Automatic deductions will be made for those who selected this option on their application forms.

Registration and Check-In:

A map to your camp facility and directions are available on our website. However, often we do not know what building on campus has been made available for registration until the week prior to camp so keep an eye out for SGA signs and staff when you get on campus. We will be sending out an email the week prior to camp to provide specific landmarks to on campus registration.

Residential and Day Students:

Please arrive on Sunday between Noon and 2:00 pm. ***COME PREPARED TO PLAY***
No lunch will be served.

Check-Out:

All students will leave at 5 pm on Thursday evening. No dinner will be served.

Day Students Only:

Instructions for day students regarding daily drop off and pick up procedures will be provided by the director on the first day of camp. The day program includes lunch and participation in all sessions. The extended day program includes lunch, dinner and participation in all sessions. A designated rest area will be provided for day students.

Medical Report/Liability Release Form:

Do not mail this form to SGA. The medical form has been included with this attachment. Please bring it with you at check in and present to the athletic trainer on duty. State law requires this form to be completed by a physician and *must include a complete immunization history*. School Physical examinations are also satisfactory provided they are dated within twenty four months prior to the date of camp. *Campers will not be allowed to participate in any activity without this form properly completed.* Campers taking medication of any kind must also complete the state of CT's Medication Administration form with both parent and doctors signatures. These forms are available on our website.

**Transportation:**

SGA can provide transportation to and from our Connecticut site. A fee of \$75.00 will be charged for this service. Please call the head office (860)-221-8613 to confirm travel details *at least two weeks prior to your camp. Requests within two weeks of camp will not be honored.*

Dormitory Accommodations:

Most residential students reside in double rooms. Some single and triple rooms may be available. We will make every attempt possible to honor roommate requests and to keep teams and groups together in the dorms. Please ensure any requests accompany your application and are made no later than two weeks prior to camp. *Please note that although we will make every effort to honor these rooming requests, they are not guaranteed.* Dorm supervision is provided by our coaches who will have their rooms clearly marked.

Meals:

Meals are catered in a buffet style with multiple choices. All other sites will utilize the cafeteria facility on location. The first meal for residential students is dinner on Sunday, and the last meal is lunch on Thursday.

Attendance:

Attendance is required at all activities including all meals, presentations and training sessions. Missing any activity or leaving the facility without prior permission of the camp director and/or athletic trainer is grounds for immediate dismissal.

Athletic Trainer/Nurse:

An athletic trainer/nurse is available for your needs twenty-four hours per day while at camp. All injuries or medical problems must be reported to the trainer on duty. If injury or illness prevents you from participating, you are still required to attend and observe all activities unless otherwise directed by the athletic trainer and camp director. ***Non participation does not qualify you for a tuition refund.***



Recommended Things to Bring Checklist

Soccer Cleats	Sweats or Warm Ups
Shinguards	Wet Weather Gear
Goalkeeper Jersey, Shorts, Pants	Soap, Shampoo, Deodorant
Indoor Shoes, Turf Shoes, or Sneakers	Sun Block
Sandals	Insect Repellent
Soccer Bag	Sheets and Blankets or Sleeping Bag
Towels	Pillow(s)
Plenty of Socks and Underwear	Notepad and Pens
T-Shirts and Shorts	Spending Money (Pizza, Drinks, Camp Store)
Alarm Clock and Electric Fan	List any other items you feel that you may need below....

SGA is not responsible for any lost or stolen items at camp. We strongly discourage bringing expensive electronics equipment such as cell phones, mp3 players, portable video game systems, etc.

Note: Our camp store, featuring a range of goalkeeper equipment will be available to Star Goalkeeper Academy participants. The store will be open at check in, check out and at other times during the week designated by the camp director.



Approximate Daily Schedule (*subject to change*):

SUNDAY SCHEDULE

REGISTRATION: NOON TO 2:00PM - NO LUNCH SERVED.

2:30 Orientation
2:45 Player Evaluations
5:15 Dinner
9:00 Lecture/Classroom
11:00 Lights Out

MONDAY - WEDNESDAY

7:30 Breakfast
9:00 Session 1
12:15 Lunch
1:00 Mandatory Rest
2:15 Session 2
5:15 Dinner
6:30 Session 3
9:00 Lecture/Classroom
11:00 Lights

THURSDAY

7:30 Breakfast
9:00 Session 1
12:15 Lunch
2:00 Session 2
5:00 Closing Ceremonies/ Dismissal

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. Medications may be received by the SGA Trainer and self-administration by the campers, or administered by a person who has statutory authority to do so, or by an unlicensed program staff who has been satisfactorily trained. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____

Today's Date ____/____/____

Medication Name _____

Controlled Drug? YES or NO

Dosage _____ Method _____

Time of Administration _____

Specific Instructions for Medication Administration

Medication Admin: Start Date ____/____/____

Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication

Plan of Management for Side Effects

Known Food or Drug Allergies? YES or NO Reactions to? YES or NO

Interactions with? YES or NO

If "yes" to any of the above, please explain

Prescriber's Name _____

Phone Number (____) _____

Prescriber's Address _____ Town

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____

Today's Date ____/____/____

Child's Name _____

Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relation to Child: Mother Father Guardian/Other

explain: _____

Address _____ Town _____ Phone

Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication

Name of Camp Personnel Receiving Written Authorization and Medication

_____ Title/Position

Signature _____

STAR GOALKEEPER ACADEMY

EARLY DISMISSAL/LATE ARRIVAL RELEASE WAIVER

I _____ will be picking up/dropping off
(Print guardian name)

_____ on the following date/s and time/s during his/her stay at
(Print camper name)

Star Goalkeeper Academy:

DATE

TIME

(Guardian's signature)

Date

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

- Camper
 Staff

Please Bring Completed Form to Camp
(Campers will not be allowed to participate without completed form)

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Phone _____

Camp Site _____ Camp Date _____

Insurance: _____ Policy #: _____ Group #: _____

I give permission for full participation in SGA/CSS program, subject to limitations noted herein:

In Case Of Emergency: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child as named above.

Name: _____ Date: _____ Signature: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? __ YES __ NO

 If yes, is the medication being sent with the individual? __ YES __ NO

 If yes, indicate prescription: _____

Does the individual have allergies? __ YES __ NO Explain: _____

Is the individual on a special diet? __ YES __ NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Date		Date
Measles		Hepatitis B	
Mumps		Diphtheria	
Rubella		Pertussis	
Chickenpox		Polio	
Tetanus			

Comments: _____

Print name of medical care provider: _____ Signature of Physician, APRN or PA: [_____]

Medical care provider's address: _____ City: _____ State: _____ Zip: _____

Date Form Signed: [_____] Telephone Number: [_____]



The SGA pledge to you, a revolutionary way to maximize your goalkeeping performance and educational level. It's a new generation of instruction to meet the demands of today's challenges.

Thank you for making an investment in yourself. Our growth has been impressive. SGA's success would not have been possible without your support. We are on a very ambitious journey. SGA promises not to forget the principles and values that have guided us. We will not lose sight of the SGA vision. We are destined to develop and discover the SGA student's abilities, talents, and increase their self worth. We will continue to form partnerships with our students through the learning process.

SGA's methods are unique and original and respected worldwide. At SGA you will be mentally and physically challenged with methods that have been proven to work from youth to world-class goalkeepers. The impact is everlasting and inspirational.

SGA satisfaction comes from being part of the growth and development of many coaches and goalkeepers, who have worked hard to master the SGA methods.

It's much more than just goalkeeping. Keepers will develop the kind of attitude that lets you be a winner on and off the field—that's the SGA extra touch.

Our success could not have been possible without the cooperation of *the SGA Team*. They are the heart and soul of our program. SGA is selective. As the SGA founder, I supervise and educate the SGA team. We strive to earn your trust and confidence.

The SGA staff and I make a promise to serve you to the best of our abilities. If we did not meet your satisfaction, we would like to know about it. Please contact me at (860) 221-8613 and I will respond promptly to your concerns. We want to give you the service to make you proud to be associated with SGA.

Thank you so much for your support and belief in SGA. From the SGA family, we wish you the very best of success.

Yours in Goal!

Dan Gaspar

STAR GOALKEEPER ACADEMY

SWIMMING WAIVER

I acknowledge that _____ is a **strong swimmer**
(Print camper's name)

(The pool's shallowest depth is 6 feet) and has my permission to use the Ethel Walker School Pool during his/her stay at Star Goalkeeper Academy camp during supervised free swim times.

Signature of _____ Date _____
Parent/Guardian

Print Name of _____
Parent/Guardian