

## The Staff

The PAYSA Soccer Camp has again assembled a very strong staff of local and regional coaches. Our four **camp directors** are, Falmouth High School Varsity Boys' head coach **DAVE HAL-LIGAN** (2009 NSCAA New England Coach of the Year & 1999 NSCAA National Coach of the Year), Yarmouth High School Varsity Boys' head coach **MIKE HAGERTY** (2011 NFHS Maine State High School Coach of the Year & 2008 NSCAA New England Coach of the Year), former Bowdoin College goalkeepers coach and present Brunswick High School Varsity Boys' head coach **MARK ROMA**, and Falmouth High School Boys' assistant coach **TODD WHIT-COMB** (NSCAA New England Assistant Coach of the Year 2006). Together they have combined for over 1000 career victories in both high school & premier soccer. To their credit, they also have amassed 28 High School Western Maine Championships, 21 High School Maine State Titles, and another two dozen Premier Maine State Titles. Their programs have also produced 10 All-Americans, 17 All-New England players, and 13 Regional ODP players. They have had or currently have players playing at an impressive list of colleges and university. That list includes Providence, Stanford, Davidson, Quinnipiac, Colby, Bowdoin, Bates, Sacred Heart, UConn, NYU, USM, UMO, and many more. They have also had two players go on to play professionally.

### *This years staff is expected to include:*

**BRITNEY DUPEE:** Assistant Coach for Falmouth High School Girls'; Former All-State player and captain at Portland High School & former All-Conference Division I player at Sacred Heart University.

**GPS MAINE** staff members, some from across the globe, along with former Maine State high school all stars and former and present college players from Maine will fill out our coaching staff.

Space is Limited!  
REGISTER TODAY!

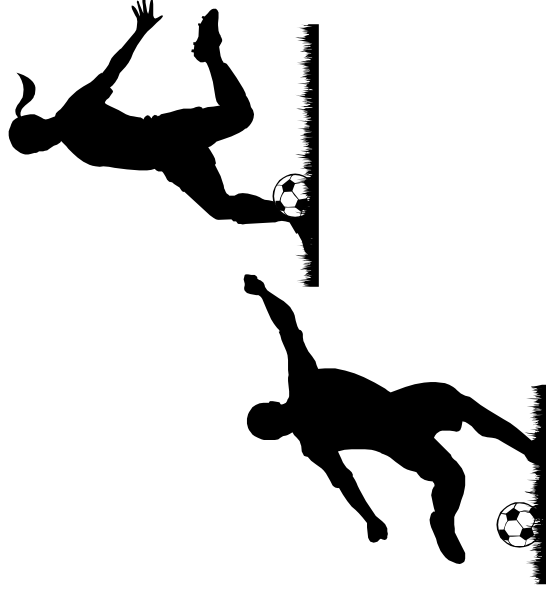
Place  
Stamp  
Here



# PAYSA



# Soccer Camp



**August 11-14, 2014**  
\*rain day 8/15



**August 11-14, 2014**  
\*rain day 8/15

# PAYSA



# Soccer Camp

Summer Soccer - PAYSA  
7 Orchard Road  
Windham, ME 04062

A first rate, age appropriate experience for boys and girls so they will develop their skills, knowledge, and love of the world's most popular sport!

## Camp Details

**WHEN:** August 11 - August 14, 2014  
Monday to Thursday  
Full Day Camp: 9am - 3pm  
Junior Academy: 9am - 12 noon  
\*Friday 8/15 reserved for a rain day

**WHERE:** Deering High School  
practice and game fields

**AGES:** Boys and Girls ages 5 - 14

**COST:** Full Day Camp: \$200  
Junior Academy: \$100

Please send a **completed registration** and a **\$50 non-refundable** deposit for each camper to:

Summer Soccer Camp  
7 Orchard Rd.  
Windham, ME 04062

Please make checks payable to:

**Maine Coast United**

## Special Features

- ◆ Challenging and fun games and drills designed to meet the developmental needs of each age group.
- ◆ Low player to coach ratio
- ◆ A t-shirt and soccer ball for each camper
- ◆ Use of Deering High School's Memorial Field (turf)
- ◆ **Thursday evening games** for families to come watch their campers play.
- ◆ Awards for competition winners
- ◆ Junior Academy program for younger campers  
*See below for more information*
- ◆ **Goalkeeper training** - Former Bowdoin College goalkeeper coach, **Mark Roma**, will focus on basic fundamentals, proper positioning, and sound tactical decision making. Players may participate in both goalkeeper and field player portions of the camp.
- ◆ **Team Discounts**— Teams of 10 or more are eligible for a discount for each player along with the opportunity to train and play together during the week!

## Junior Academy

Again this year, as part of our camp, we will be offering the Junior Academy, a half day program for soccer players ages 5, 6, & 7 (and 8 year olds not quite ready for a full day). Our Junior Academy will be from 9:00am - 12:00 noon each day.

The Junior Academy costs \$100. Included in the price is a soccer ball, t-shirt, and freeze pop breaks each day! We also guarantee a low player to coach ratio and a tired, happy camper at the end of each day.

### Note to Parents:

Portions of the proceeds from the camp will go to PAYSAs, a Maine non-profit organization. Your cancelled check is confirmation of acceptance and will serve your child's spot.

## Typical Day

- ◆ **8:30am:** Early Drop Off  
Please arrive by 8:30am Monday at Deering High School practice field to complete registration on site and/or sign in.
- ◆ **9:00am:** CAMP BEGINS! - coach led demonstration
- ◆ **9:15am:** Warm up and agility training
- ◆ **9:45am:** Technical training and small-sided games
- ◆ **11:30am:** Lunch (not provided)
- ◆ **12:15pm:** Skills competitions
- ◆ **1:15pm:** Small-sided games
- ◆ **2:15pm:** Large sided matches
- ◆ **3:00pm:** CAMP ENDS!  
Staff are on site to supervise until 3:30pm

\*Friday 8/15 is reserved for a rain day

## Contact Us

For more information  
on anything involving the camp:

### Email:

[PAYSASoccerCamp@gmail.com](mailto:PAYSASoccerCamp@gmail.com)

### Call:

Todd Whitcomb 671-5139  
Mike Hagerly 400-4429

Additional registration and permission to administer medication forms can be found at:

[www.paysasoccer.com](http://www.paysasoccer.com)



# Camp Registration, Releases, & Waivers

## REGISTRATION INFORMATION

Player's Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Grade entering this fall: \_\_\_\_\_ Male:\_\_\_ Female:\_\_\_ Full Day:\_\_\_ Junior Academy:\_\_\_  
 Parent(s): \_\_\_\_\_ Address: \_\_\_\_\_  
 Cellphone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Fall Soccer Program: \_\_\_\_\_

## SPORTS MEDICINE INFORMATION

Allergies (medication, food, bee sting, etc) Please describe the nature of the reaction (rash, difficulty breathing, etc):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Relevant injury history (ex recent sprains, fractures): \_\_\_\_\_  
 \_\_\_\_\_  
 Medical conditions (ex asthma, diabetes, cardiac disorders, seizure disorders): \_\_\_\_\_  
 \_\_\_\_\_  
 \*\*Medications currently taking: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of last tetanus shot (month/year): \_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact 1: \_\_\_\_\_ Emergency Contact 2: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Insurance Plan \_\_\_\_\_ Medical Plan # \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_

**This health information is correct to the best of my knowledge and my child has my permission to participate in camp activities.**

X \_\_\_\_\_  
 Parent/guardian signature Date

**\*\*In order for your child to be allowed to take medications during camp, PAYSA Soccer Camp requires the submission of the Permission to Administer Medication Form.  
 Forms can be found at: [www.paysasoccer.com](http://www.paysasoccer.com)**



# Camp Registration, Releases, & Waivers

Player's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### ASSUMPTION OF RISK/ LIABILITY RELEASE

I, the undersigned, authorize Global Premier Soccer Maine, Maine Coast United, and Portland Area Youth Soccer Association (PAYSA) to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp staff, Global Premier Soccer Maine, Maine Coast United, PAYSA, their successors, assigns, officers, agents and employees from any and all liability for any injuries or illness incurred while at, in connection with, or resulting from participation in the PAYSA Soccer Camp. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp. I am bound to hold Global Premier Soccer Maine, Maine Coast United, and PAYSA and their successors, assigns, officers, agents and employees harmless from any and all consequences of such treatments that these duties are performed with ordinary care and to the best of their ability.

X \_\_\_\_\_  
Parent/guardian signature Date

### CONSENT TO TREAT A MINOR

I, \_\_\_\_\_, parent or guardian of the child named above, give consent for my child to attend PAYSA Soccer Camp. As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp, and I accept that consequence. I have advised our family physician that my child wishes to participate in PAYSA Soccer Camp, and our physician has approved of this participation hereby authorize the PAYSA Soccer Camp staff to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with PAYSA Soccer Camp.

X \_\_\_\_\_  
Parent/guardian signature Date

### CONSENT FOR USE OF PHOTOS, VIDEO, AND AUDIO

I, the undersigned, authorize Global Premier Soccer Maine, Maine Coast United, PAYSA, it's successors, assigns, of-ficers, agents, and employees to use any pictures, video, and audio taken at the PAYSA Soccer Camp for use at their discretion.

X \_\_\_\_\_  
Parent/guardian signature Date

Please send **this completed application** and a **\$50 non-refundable** deposit for each camper to:  
Summer Soccer Camp  
7 Orchard Rd.  
Windham, ME 04062  
*Please make checks payable to:*  
**Maine Coast United**



# \*Permission to Administer Medication

Official Use Only

Only in the event that it is necessary for a participant to receive medication during the program, the following procedures will be followed:

1. All medications (prescribed and over-the-counter) and a signed copy of this authorization form must be kept in the possession of the camp directors.
2. The participant must be instructed at home or by the family physician to self-administer the medication in the presence of the camp staff.
3. Medication must be in an unbreakable container labeled with the participant's name, content, dosage, and time to be administered. Medication sent to the camp should not exceed the dosage for one camp day.
4. Medication will be kept in a secure location and provided to your child at the appropriate time. If necessary, a camp staff member will assist your child with removal of a childproof cap, but will not administer the medication.

Player's Name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade entering this fall: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Full Day: \_\_\_\_ Junior Academy: \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone No.: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Side effects that staff should be aware of? \_\_\_\_\_

Dosage and time(s) to be given: \_\_\_\_\_

**I hereby request the PAYSA Soccer Camp staff to provide the above medication at the time(s) indicated for my child to self-administer. I am aware that this medication will be dispensed by non-medical, recreation personnel. I hereby agree to release and hold the PAYSA Soccer Camp, its agents and employees harmless from any and all claims, including negligence, which may arise as a result of the administering of the medication.**

X \_\_\_\_\_  
Parent/guardian signature                      Date

**\*DO NOT SEND** this page. Please bring this completed Permission to Administer Medication Form with you to the first day of camp only if your child will need medication during camp hours (*this including all over the counter medications*). We will not provide any medications.