

Hiram College

www.hiram.edu/summerathiram

- Date: July 6-9
Ages: 13 – 19
Cost: \$375 residential
\$300 commuter for residential camp
\$275 team camper (minimum of 15 players from same school)
- Times:
- Check in: July 6, 5:30 p.m.
 - Check out: July 9, 1:30 p.m.

*Camp fee covers all expenses except the camper's individual spending money.

What to bring

Campers should bring a ball, a water bottle, all types of outdoor soccer boots and a pair of shoes that can be worn for indoor training, fitness, agility, and cross training. It is highly recommended that campers wear soccer boots that are already comfortable and broken in and not use camp as a place to try out new boots. Please bring plenty of extra socks, rain gear, warm gear, training supplies (tape, pre-tape, ace wraps, braces, etc.), a sleeping bag and/or bed linens, towels, and a fan for the room. Towels and bed linens are NOT provided.

Parents

Parents are welcome to attend all sessions.

Staff

In addition to the leadership provided by Coach Dean, the Hiram College women's soccer camps feature some of the most successful soccer educators and current collegiate players in this region, including:

- Carl Capellas, Hiram College Head Men's Soccer Coach
- Mike Payne, Hiram College Goalkeeper Coach
- James Furth, former Hudson High School Girl's coach
- Bob Armentrout, Select Soccer Club Coach
- Fred Meindl, Sereno SC (Arizona) GK Coach Director

Intensity & professionalism

The Hiram College soccer camp is an extremely intense physical, psychological, and emotional training camp. It is designed to be a unique and different experience for every participant. Players need to come prepared to be pushed. Our approach will be highly professional, business-like, direct, and fun!

Gear

Every camper will receive a Hiram Women's Soccer t-shirt

Schedule

The typical schedule for the day is as follows:

7:45 – 8:30 a.m.	Breakfast for resident campers
8:45 – 10:30 a.m.	Technical, core fitness, agility training
10:30 – 11 a.m.	Motivational message break
11 a.m. – Noon	Special topic session
Noon – 1 p.m.	Lunch
1 – 2:30 p.m.	Tactical training session
2:30 – 3:30 p.m.	Team initiatives
3:30 – 4:30 p.m.	Special topic session
4:30 – 5:30 p.m.	Dinner
6 – 9 p.m.	Match competition (full field & small sided)
9 – 10 p.m.	Free time for resident campers
10:30 p.m.	Lights out for resident campers

Every player will participate in two full core fitness sessions. Goalkeepers will be in a regular special clinic track during the days. Special topics will include: team defending, diversifying the attack, set piece mentality, tactical reading, and others. A structured team building initiative will be a part of the daily experience. We will also conduct a "college soccer search" seminar in cooperation with our admission staff. Finally, each player will receive a full evaluation and technical report at the conclusion of the camp.

Camp Director

Bob Dean, Head Women's Soccer



Coach Bob Dean enters his seventh season as the most successful head women's soccer coach in program history. The past three seasons represent the first years in the program that all players were recruited by Dean and this was reflected on the field as the team has won more matches in this 3-year stretch than any five years previous combined in the history of the program. During his brief tenure with the Terriers, Dean has led six-consecutive teams that have been recognized by the National Soccer Coaches Association of America (NSCAA) with their "Team Academic Achievement Award"—having a team grade point average of 3.0 and above.

Prior to coming to Hiram, Dean spent 12 years as the head girls' soccer coach at nearby Hudson High School, where he led his squad to the Division I "Final Four" on five occasions and captured the Ohio Division I State Championship in 2000. Hudson finished as the runner up in 1995, 1999, and 2001. Dean posted a 181-39-30 record at Hudson and led the team to seven national rankings. He was an 11-time conference Coach of the Year and received Coach of the Year accolades from the *Plain Dealer*, the *Beacon Journal*, the Akron Touchdown Club, and was a two-time recipient from the Ohio Scholastic Soccer Coaches Association. Most importantly, in 2000 Dean was honored with the Ohio High School Athletic Association's Ethics and Sportsmanship Award.

While at Hudson, Dean produced 40 Academic All-Ohio players, 15 All-Ohio players, five All-Americans, and six All-Midwest Regional players. More than 40 of his players went on to compete at the collegiate level. Dean has been a professional coach since 1982, having founded the high school program at his alma mater, Aurora High School (OH) in 1981.

Dean currently serves as a staff coach with the NEO United Soccer Club in Hudson, Ohio and as a staff Olympic Development Program (ODP) coach for the Ohio Youth Soccer

Association North. Dean also directed all elements of the girls' program for the Hudson United Soccer Club from 1993 through 2003 and helped found the girls' program for the Everest Soccer Club in 1992. While at Hudson United, he coached three Bothwell State Cup Championship teams in 1996, 1999, and 2003. He has traveled extensively on the international level, directing tour operations and coaching programs for East-West Team Travel & Ambassadors in Aurora, Ohio. He holds two national coaching certifications from the United States Soccer Federation, as well as certification from the Royal Dutch Football Federation (KNVB), and is a 23-year member of the National Soccer Coaches Association of America. Dean is a 1986 graduate of Kent State University with a bachelor's degree in journalism/public relations. Dean was inducted into the Aurora High School Distinguished Alumni Hall of Fame in 2002. He is a nationally-recognized speaker and trainer on the topics of leadership, substance abuse, and athletics. Dean is active in his church as a volunteer, mentor, group leader, and worship usher. In addition, he has been a long-time supporter of Young Life of the Western Reserve and the Fellowship of Christian Athletes.

He resides in Kent with his wife Sally, and their two children, Abby (12) and Ryan (9).

Questions?

Bob Dean
Hiram College Women's Soccer
P.O. Box 1777
Hiram, Ohio 44234
330.569.5968



Hiram College Emergency Medical Form

A completed Emergency Medical Form is required for **each** participant. **Please print in ink or type only. Fill in all sections.** This form may be copied for additional registrations. Please return this form to the coordinator of your Summer Camp program who will also be a source of information if you have questions.

Correspondence regarding enrollment will be sent via e-mail.
Please provide a current e-mail address for this purpose.

Current email address: _____

I do not have e-mail (please send confirmations to the address provided below).

2009 Summer Program at Hiram College you are planning to attend (please list):

STUDENT INFORMATION (To be completed by participant)

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code _____

Daytime phone: _____ Evening phone: _____ Cell phone: _____

School Name: _____

Year of Anticipated Graduation from High School (circle one): 2009 2010 2011 2012 2013 other__

PARENT/LEGAL GUARDIAN INFORMATION (To be completed by parent or guardian)

Name: _____

Parent or Legal Guardian's Address (if different from above) _____

City: _____ State: _____ Zip Code _____

Daytime phone: _____ Evening phone: _____ Cell phone: _____

Emergency Contact Person (in case parent or legal guardian cannot be reached)

Name: _____ Relationship to child: _____

Emergency Contact Phone Number(s): _____

Permission to pick up your Child

List two (2) other people who have permission to pick up your child. Only those people on this list will be permitted to pick up your child and they must show a driver's license.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Release for participation in camp programs (To be completed by parent or guardian)

I, the undersigned, individually and as a parent and/or guardian of _____, a minor, ask that he/she be admitted to participate in the Hiram College Summer Program. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Hiram College, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at Hiram College. Non-conformance to Hiram College policies and procedures as told to my child by the camp directors may result in early dismissal.

Parent or legal guardian's signature date

Emergency Medical Information

In the event of an emergency, we need to have certain information easily accessible. This section must be completed in order to participate.

Physical conditions to be aware of (allergies, recurring illness, disabilities, chronic illness, etc.):

List all medications currently being taken: _____

Hiram College instructors and supervisors will not dispense over-the-counter or prescription medications to participants. Participants will be allowed to possess and take over-the-counter and prescription medications on their own if permission is granted in writing by the parent(s) or guardian(s). Both over-the-counter and prescription medications must be in their original containers and listed above. My child understands that any medications are his/her own and are not to be shared with any other persons.

Parent/legal guardian's initials date

Insurance Company _____

Policy Subscriber's Name _____

policy number _____ group number _____

Name of Family Physician _____ phone _____

Name of Medical Specialist _____ phone _____

Name of Dentist _____ phone _____

Preferred Hospital _____

Emergency Medical Authorization (Part I or Part II Must Be Completed)

Part I (To Grant Consent)

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-mentioned doctor/medical specialist/dentist or, in the event the designated practitioner is not available, by any other licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or, any hospital reasonably accessible.

I understand that the consent and authorization herein granted do not include major surgical procedures unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery and are valid only during the youth program.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

parent's or legal guardian's signature _____ date

Part II (Refusal to Consent)

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I do not give the attending physician permission to administer treatment until the parent, guardian or designated individual is contacted.

parent or legal guardian's signature _____ date