Dynasty Goalkeeping Academy

Student's Name ______________________________ Age __________ M/F
Address ____
City ______________________________ State ______ Zip __________
E-Mail Address ____
Date of Birth __________________ Year of Graduation __________________
Parent / Guardian ____
Phone (H) ______________ (W) ______________ (C) ______________
Club/College Team ____________________ Division ______________
Coach __________________ Phone ______________________________

FREE Camp T-shirt (circle one) S M L XL (men's sizes)
FREE GK Jersey (circle one) S M L XL (men's sizes)

Please check your choice:

		WEEK	2021 DATES
PRO	SOLD OUT	1	June 6 – 10
ELITE	❑ $1950	2	June 13 – 17
ELITE	❑ $1950	3	July 4 – 8
SELECT	SOLD OUT	4	July 11 – 15
ELITE	SOLD OUT	5	July 25 – 29

*Please call 919-942-2903 to check availability, or to be put on a waitlist.

Payment

I am enclosing the following (check all that apply):

❑ A $500 non-refundable deposit
*Note: All balances are due in full by May 1st. If you are applying after May 1st you must send the full tuition.

❑ SELECT (ages 13-17+) - Full Tuition - $1950
❑ ELITE (ages 15-18+) - Full Tuition - $1950
❑ PRO (college) Full Tuition - $1950

I am also enclosing the following:

❑ $50 for round trip shuttle service ❑ $25 for one way shuttle service
*Note: Shuttle reservations made within 15 days of camp will be subject to an additional charge of $25.

❑ $50 for an additional night in the dormitory (prior to the 1st day of camp)

Please make check payable to "Dynasty Goalkeeping".

Release:

I, the undersigned, hereby acknowledge and understand that Dynasty Goalkeeping LLC is a privately run sports camp, and is not operated by or through Saint Mary's School. Dynasty Goalkeeping LLC is neither sponsored, controlled, or supervised by Saint Mary's School but rather is under the sole sponsorship, control, and supervision of the Dynasty Goalkeeping Director. I, the undersigned, hereby acknowledge and understand that all pictures or videos taken at camp may be used at the discretion of Dynasty Goalkeeping LLC, and that Dynasty Goalkeeping LLC, its members, employees or agents of any kind are not responsible for personal items that are lost, stolen or damaged. I, the undersigned, for myself, any and all those claiming by or through me, my heirs, executors, administrators successors and assigns, hereby release, acquit and forever discharge Tracy Noonan, Dynasty Goalkeeping, its members, its officers, its staff, coaches, each and every past and present agent, servant, employee, representative, attorney, insurer, parent, subsidiary, related entity and any successors and assigns (collectively the "Released Parties"), from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage without limitation including, that arising out of or relating to the negligence of the Released Parties as identified above that may be sustained or occur during participation in Dynasty Goalkeeping activities or while at Dynasty Goalkeeping. I, the undersigned, give permission for my child to be transported in personal staff vehicles off the campsite for supervised outings and/or to the airport. I, the undersigned, give permission for my child to swim as part of supervised Dynasty Goalkeeping activities. I, the undersigned, understand, accept and agree to the Dynasty Goalkeeping cancellation policy.

SIGNATURE______________________________ DATE__________
(Parent or Guardian)

Cancellation Policy

All cancellations must be received in writing (to the P.O. Box below). If approved it will result in a camp credit for all fees paid minus the $500 non-refundable deposit, **valid through 2022**. Camp credit will ONLY be issued for medical reasons with a letter of confirmation from a physician (within 30 days of cancellation), family emergencies, invitation into a youth National Team camp, or if your team qualifies for a National Championship **after May 1st**.

- NO CREDIT will be issued for ODP (State & Regional team level), club, or high school conflicts. These are predictable events with known schedules. Carefully review your soccer calendar and consult your coaches for permission prior to registering for camp.
- NO CREDIT will be issued upon expulsion or voluntary withdrawal from camp. Dynasty Goalkeeping shall have sole discretion to expel participants for violation of camp rules.
- NO CREDIT will be issued if an injured student remains at camp to learn by observing.
- NO CREDIT will be issued for any cancellations received within 30 days of the start of camp

This camp credit is transferable to a family member and may be used for any 2022 Dynasty Goalkeeping Academy sessions. We reserve the risht to handle all situations on an individual basis .

Mail applications to:

Dynasty Goalkeeping
P.O. Box 595
Carrboro, NC 27510

You will receive a Confirmation Packet upon receipt of a completed application and deposit.

Office use only:

File	Dep. Amt.	Date Rec.	Check #	Conf. Sent	Bal. Amt..	Date Rec.	Check #	Conf. Sent

Dynasty Goalkeeping Application

Please review the program descriptions below to help you chose which level is appropriate. Acceptance into a program will be based on a review of the student's application to assure proper placement of all goalkeepers. It is important that goalkeepers are appropriately placed so that all students will be challenged and get the most out of their week at Dynasty. Please note age minimums for each level.

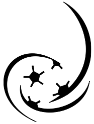
SELECT – Ages 13-17+. This level is designed for goalkeepers who want to solidify and sharpen their technique. It is ideal for aspiring Development Academy, pre-ECNL, Premier and Classic level goalkeepers, as well as repeat students who need to focus on their technique and developing the physical aspects of their game. It is NOT a beginner camp. It will also layer in tactical and mental pieces of the game. (Week 4)

ELITE – Ages 15-18+. This will remain the traditional camp week and core of Dynasty Goalkeeping. This camp is tailored for the more experienced, competitive goalkeepers -- repeat students (per Tracy's approval), goalkeepers who have attended other goalkeeper specific camps (preferably Soccer Plus Goalkeeper School NTC level or higher), top Development Academy, ECNL and ODP players (Regional Team level or higher preferred). (Weeks 2, 3 & 5).

It is strongly suggested that students have at least 2 of the following to be prepared for this level of camp: (Check all that apply):

- ❑ Current collegiate player or start on a Development Academy team or ECNL club team (List club team, coach's name and contact information) ____
  ____
- ❑ Have attended another goalkeeper specific camp (List camps attended and years)
  ____
- ❑ Have attended Dynasty Goalkeeping Academy previously (List date attended)
  ____
- ❑ Youth National Team or Regional Team ODP player (List teams and years)
  ____

PRO - This week is for college players only. It will be aimed at serious college players who want to maximize their potential in college and perhaps play beyond college on the national team or professionally. More emphasis is placed on the tactics of the position and getting functional quicker to get more repetitions in game like scenarios to improve decision making. The curriculum is developed for current college players and top college bound goalkeepers who have graduated high school and can compete at this level. (Week 1)



Medical Release Form

NAME ____ SEX _____ AGE ______ DATE OF BIRTH __________

ADDRESS ____ YEAR OF GRADUATION ____________

PERSONAL PHYSICIAN & PHONE____

IN CASE OF EMERGENCY CONTACT: NAME ______________________ RELATIONSHIP ______________

PHONE (H) ______________________ (W) ______________________ (C) ______________________

EXPLAIN "YES" ANSWERS BELOW AND CIRCLE QUESTIONS YOU DO NOT KNOW THE ANSWERS TO.

	YES	NO
1. Have you had a medical illness or injury since your last checkup or sports physical?	❑	❑
2. Have you ever been hospitalized overnight?	❑	❑
a. Have you ever had surgery?	❑	❑
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	❑	❑
a. Have you ever taken any supplements or vitamins to help you gain or lose weight to improve your performance?	❑	❑
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	❑	❑
5. Have you ever passed out during or after exercise?	❑	❑
a. Have you ever been dizzy during or after exercise?	❑	❑
b. Have you ever had chest pain during or after exercise?	❑	❑
c. Do you get tired more quickly than your friends do during exercise?	❑	❑
d. Have you ever had racing of your heart or skipped heartbeats?	❑	❑
e. Have you had high blood pressure or high cholesterol?	❑	❑
f. Have you ever been told you have a heart murmur?	❑	❑
g. Has any family member or relative died of heart problems or of sudden death syndrome before age 50?	❑	❑
h. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	❑	❑
i. Has a physician ever denied or restricted your participation in sports for any heart problems?	❑	❑
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	❑	❑
7. Have you ever had a head injury or concussion?	❑	❑
a. Have you ever been knocked out, become unconscious or lost your memory?	❑	❑
b. Have you ever had a seizure?	❑	❑
c. Do you have frequent or severe headaches?	❑	❑
d. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	❑	❑
e. Have you ever had a stinger, burner, or pinched nerve?	❑	❑
8. Have you ever become ill from exercising in the heat?	❑	❑
9. Do you cough, wheeze or have trouble breathing during or after activity?	❑	❑
a. Do you have asthma?	❑	❑
b. Do you have seasonal allergies that require medical treatment?	❑	❑
10. Do you use any special protective or corrective equipment or devices that aren't normally used for your sport or position (for example, knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	❑	❑
11. Have you had any problems with your eyes or vision?	❑	❑
a. Do you wear glasses, contacts, or protective eyewear?	❑	❑
12. Have you ever had a sprain, strain, or swelling after injury?	❑	❑
a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	❑	❑

If yes, check appropriate box and explain below:

Head	❑	Elbow	❑	Hip	❑
Neck	❑	Forearm	❑	Thigh	❑
Back	❑	Wrist	❑	Knee	❑
Chest	❑	Hand	❑	Shin/calf	❑
Shoulder	❑	Finger	❑	Ankle	❑
Upper Arm	❑	Foot	❑		

13. Record the dates of your most recent immunization shots for:

Tetanus__________________ Measles __________________

Hepatitis B _______________ Chicken Pox ______________

14. **CURRENT** Health Insurance information:

Company: ____

Policy Holder's Name: ________________________________

Policy Holder's Date of Birth: ____________________________

PLEASE ENCLOSE A COPY OF THE FRONT & BACK OF YOUR CURRENT MEDICAL CARD. This is necessary for treatment at the Urgent Care Center. Also, should you change providers between now and the start of camp please mail us the updated information. Thank you!

EXPLAIN "YES" ANSWERS HERE (or back if more space is needed)**:**

____

____

CONSENT TO TREAT:

All students must have their own medical coverage. Dynasty Goalkeeping LLC provides only excess coverage after your insurance policy has been utilized. Students will not be allowed to play unless the following is signed by the parent or guardian of the student. I, the undersigned, hereby certify that I am the parent or legal guardian of the student. I hereby give permission for the staff of Dynasty Goalkeeping LLC to seek, during the period of the Academy, appropriate medical attention for the student in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by Dynasty Goalkeeping LLC's excess medical coverage policy.

I attest that my child has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at their high school or at our home. PLEASE PROVIDE A COPY.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

SIGNATURE OF ATHLETE

________________________________Date:______________

SIGNATURE OF PARENT/GUARDIAN

________________________________Date:______________