

CAMP REGISTRATION

Register online at
www.vikingsoccercamps.com

or send completed registration form(s) and appropriate fees (checks payable to Grand View University Women's Soccer) to:

Ventsi Stoimirov — Women's Soccer Coach
Grand View University
1200 Grandview Avenue
Des Moines, IA 50316-1599

Participant

Age Date of birth

Parent/Guardian

Address

City State Zip

Daytime phone

Evening phone

Cell phone

E-mail

T-Shirt size (adult sizes) circle one YS YM YL S M L XL

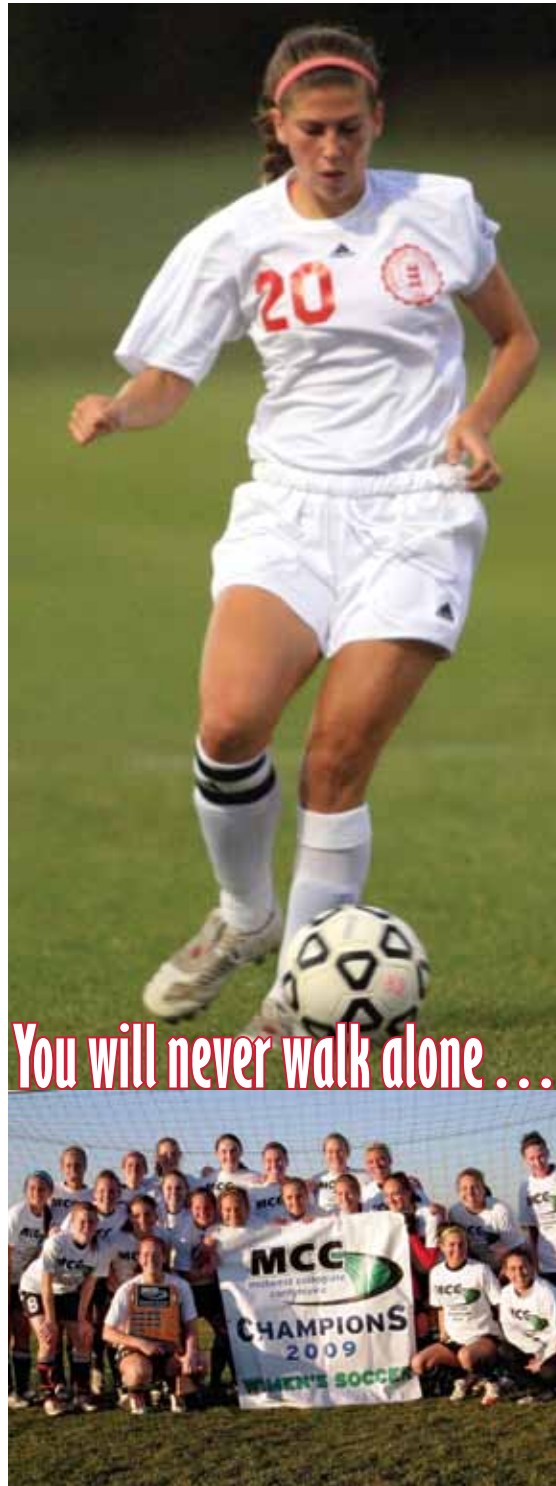
Emergency contact

Name

Contact's phone number

Medical information we should know

Please sign Waiver and Release and Health Statement on reverse.
Northwest



Grand View University VIKING SOCCER CAMP



Sponsored by
Northwest Soccer Club



VIKING SOCCER CAMP

Sponsored by Northwest Soccer Club

CAMP INFORMATION

WHEN: August 2–4

WHERE: Tower Park, Des Moines

WHO: Boys and girls ages 5 and up

TIME: Ages 5-8 – 5:30 p.m.–7:00 p.m.

Ages 9 and up – 4:30 p.m.–7:00 p.m.

COST: \$40.00

ADDITIONAL INFORMATION

Ventsi Stoimirov, Women's Soccer Coach
vstoimirov@grandview.edu
515-263-6159 (office) • 515-779-6852 (mobile)
1-800-444-6083 (ext. 6159)

After June 13, please contact the camp director via email or Nancy Javaux at 515-480-0138



MESSAGE FROM THE CAMP DIRECTOR

The purpose of this camp is twofold:

1. To teach and improve player's technical and tactical abilities using individual and small group training.
2. To provide a safe and enjoyable environment that promotes sportsmanship and a positive soccer experience.

IMPORTANT INFORMATION

- Each registered camper will receive a Viking Soccer Camp T-shirt.
- Each camper should bring a soccer ball and a container of water to camp each day.
- Registrations will be accepted until the first day of the camp including on site registration, but we will highly appreciate early registrations.
- Grand View University women's soccer coach Ventsi Stoimirov will direct all camp sessions. The coaching staff will include current and former members of the Grand View University soccer team.
- Camp scholarships are available to players based on income status. The Northwest Soccer Club Board reserves the right of assigning scholarships. For more information contact **Keith Israel at 515-277-7516**.

CAMP DIRECTOR: VENTSI STOIMIROV

Ventsi Stoimirov started the women's soccer program at Grand View in 1998. The Vikings won back-to-back Midwest Collegiate Conference titles in 2003 and 2004, and finished as runner up in 2005 and 2007. The team also won the Conference Tournament title in 2003 and 2009 and finished as Tournament runner up in 2002, 2004, 2006 and 2008. 2009 marked a milestone in the program's history as the Vikings made their first NAAIA National Tournament appearance. The Vikings have been ranked nationally or received votes in the NAAIA National rankings in 2003, 2004, 2005 and 2007. Stoimirov has coached 11 All Americans and 14 Academic All American Scholars.



Stoimirov, who has an International FIFA/UEFA "B" Coaching License, has ten years of club coaching experience. His teams have won five state championships. He was a six-year starter for the Des Moines Menace and played on teams that reached the final four of the National Tournament in 1995 and 1998.

He grew up in Bulgaria, playing for the CSKA F.C. Sofia. He was a member of three national championship teams on youth and collegiate levels and the under-17 National Team Pool. Stoimirov also played in the second division of what is now the Professional Soccer League.

WAIVER AND RELEASE

I am aware of the dangers involved in participation in the physical activities of the Grand View Soccer Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Grand View Sport Camps involve competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Soccer Camp, Grand View University, their officers, agents, employees, and volunteers — including without limitation, equipment personnel, and physicians and other practitioners of the healing arts — from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature Date

Parent/Guardian Signature Date

HEALTH STATEMENT/MEDICAL AUTHORIZATION

I do hereby state that the camper is in good health and suffers from no illness, disability or health condition that could unduly hinder or prevent camper's safe participation in the Grand View Soccer Camp. Furthermore, I have no knowledge of any reason that the camper cannot participate in vigorous activity. I hereby authorize and give my consent as camper's legal guardian to Grand View University or any licensed physician or athletic trainer to perform or administer, without prior consent, any reasonable, necessary medical treatment to:

_____ (camper's name). I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with the camper's attendance at the Grand View Soccer Camp.

Parent or Legal Guardian Signature Date

Health Insurance Company

Policy Number