

## CAMP INFORMATION

### Cost of Camp:

**\$125.00 half day**

**\$200.00 full day**

Make Checks Payable to:

**KMHS Soccer Booster Club**

Complete the registration and medical release forms and with a check mail to:

**P.O. Box 377**

**Dallas GA, 30132**

Location: Camp will be on the all-weather turf field in the stadium at Kennesaw Mountain High School

(1898 Kennesaw Due West Rd. Kennesaw, GA 30152)

## CAMP DETAILS

The camp is designed to improve soccer skills and technique through drills, fun activities and scrimmages.

Each participant will be grouped by age and/or ability and will receive specialized training from the Kennesaw Mountain coaching staff

## HOURS

**Drop off: 8:00-8:30am**

**Training: 8:30am-11:45am**

**Pick-up: 12:00-12:15pm (half day)**

**Lunch and movie 12:00-2:00pm**

**Training: 2:00pm-3:30pm**

**Pick-up: 3:45-4:00pm (full day)**

## WHAT TO BRING

Each participant should bring:

- Cleats and tennis shoes
- Shinguards
- Water bottle, labeled with name
- Soccer ball, labeled with name
- Sunscreen
- Snacks & sports drinks (small cooler)
- Lunch (if full day)

## TOPICS TO BE COVERED

- Passing and Receiving
- Dribbling
- Finishing
- Defending
- First Touch
- Team Possession

## MEET THE COACHES...

**Daniel DePlanche**— Current varsity boys head coach at KMHS. Has been a high school head soccer coach at the varsity level (boys & girls) for 17 years, 13 at KMHS. His teams have reached the playoffs in 13 of his 17 seasons & also won the 4-AAAAAA Region Championship in 2016. He also served on the U8 Player Development Academy staff at SSA. He played semi-professional soccer in the U.S.I.S.L. for the Montgomery Capitals. Coach DePlanche holds a USSF D license.

**Carlos Barerra**— Current varsity boys assistant coach & head goalkeeping coach at KMHS. He has held these positions for 6 years. He is also currently the director of goalkeeping at Rush Soccer Club. While living in his homeland of Columbia he played professional soccer for 1st division Deportivo Independiente Medellin. Coach Barerra holds a USSF B license and a FIFA license from the Argentina FA.

**Marc Renna**— Has been coaching high school soccer for 15 years. He coached at McEachern, Pope and KMHS. Coach Renna is a P.E. teacher at Murdock Elementary and he coached the JV Boys team at KMHS for 5 years.

**Chris Szalwinski**— Current varsity assistant coach at KMHS. He played at KMHS from 2005-2008. He went on to play 4 years at Southern-Poly leading them to their first ever conference championship and elite 8 appearance as captain. He played semi-professional in the NASL for the GA Revolution.

# Kennesaw Mountain High School Soccer Camp 2017

Boys & Girls  
Ages 6-13



**5th Annual**

**June 19th — 23rd**

**8:00am - 12:00pm**  
(Half day)

or

**8:00am - 4:00pm**  
(Full day)

Contact  
Coach Daniel DePlanche

Email:  
knhssoccercamp@gmail.com

Phone:  
678-758-2259

# 2017 KMHS Soccer Camp Registration Form

Player Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in 2017 (entering): \_\_\_\_\_ Experience Level: \_\_\_\_\_ Girl/Boy \_\_\_\_\_

T-shirt Size (circle): YS YM YL AS AM AL AXL How did you hear about us? \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Existing Medical Conditions/Injuries: \_\_\_\_\_

## BY SIGNING BELOW I (parent/guardian of above child) AGREE TO THE FOLLOWING POLICIES

By its nature, participation in athletics includes a risk or injury which may range in severity from minor to long term catastrophic injury. It is not possible to eliminate this risk. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to coaches or camp supervisors, follow a proper conditioning program and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning. Parents/guardians or students who do not wish to accept the risks described in this warning should not sign this permission form. In addition, should I be unavailable at the time of injury, I authorize the Kennesaw Mountain Soccer Camp Staff to take all immediate action needed to eliminate/reduce the risk of injury. The camp staff may perform first aid, CPR, or contact emergency personnel should the need arise.

I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless the Kennesaw Mountain Soccer Camp Staff, the KMHS Booster Club, Cobb County School District, their schools, their trustees, officers, Board members, Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Cobb County School District or indemnified party arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any camp activity.

There will be a \$30 fee for any checks returned to KMHS Soccer Camp due to insufficient funds.

My signature below attests that I have read, understand and concur with the information on this form, and that

I give consent for my child to participate in the Kennesaw Mountain High Soccer Camp as stated above.

**\*Signature of Parent or Guardian**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Insurance Information

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention in the event of accident, injury or illness. I will be responsible for all costs of medical attention and treatment.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Insurance Co.: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Special Considerations or Allergies:

Unless you notify us to the contrary we can only assume that each person registering for camp is in good physical condition and free of limiting conditions. Please notify us if there is any factor that might limit a person registering for camp so that we can do our best to provide the appropriate services and attention. You may use an attachment. We are a peanut/treenut free camp

### REFUND POLICY

No refunds will be granted for missed days during the camp week. If a parent wishes to withdraw his/her child from the camp prior to the start date on 6/27/16 then a 50% refund will be given. There are no refunds for sessions delayed or missed due to acts of God (i.e. rain, lightning, flooding, tornados, etc.)

**Camp is rain or shine**