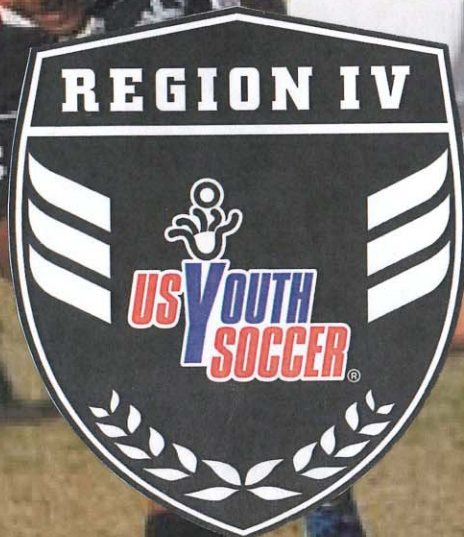


# REGION IV BOYS ODP



# CAMP MANUAL

**WELCOME TO REGION IV BOYS ODP CAMP 2009**

**PARENTS, PLAYERS, COACHES AND ADMINSTRATORS ARE ASKED TO READ THE FOLLOWING INFORMATION TO ASSIST YOU IN PREPARATION FOR THIS EVENT**

**ALL FORMS REQUIRED FOR CAMP ARE AVAILABLE AT [www.regioniv.com](http://www.regioniv.com)**

**LINFIELD COLLEGE – MCMINNVILLE, OREGON**

**JUNE 24 – JULY 25, 2009**

**CHECK-IN –1:00 to 5:00 PM– LOCATION TO BE POSTED ON CAMPUS**

**ODP OFFICE - MEMORIAL HALL**

**ODP OFFICE PHONE & ODP FAX – 503-883-2750**

**Camp Email address: TBA ([www.regioniv.com](http://www.regioniv.com))**



**IDENTIFY...DEVELOP...PROMOTE..."THAT'S WHAT WE DO"**

**Boys ODP Camp Director:**  
Steve Bircsak  
Cell: 909-772-6943

**Boys Head Coach:**  
Mike Linenberger  
Cell: 916-803-8038

**Boys ODP Administrator:**  
Garry Moore  
Cell: 425-922-3926

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## **WELCOME TO LINFIELD COLLEGE IN MCMINNVILLE, OREGON**

Linfield enrolls more than 2000 students and offers 37 majors and three undergraduate degrees, Bachelor of Arts, Bachelor of Science, and Bachelor of Science in Nursing. Linfield is one of the oldest colleges in the Pacific Northwest. Founded in 1849 in Oregon City, it later moved to McMinnville and was chartered in 1858. The college is affiliated with the American Baptist Church.

### **LINFIELD – THE LOCATION**

Oregon is home to Linfield College. The main campus, consisting of 50 buildings on more than 175 acres of green lawns and groves of trees, is located in McMinnville, a town of approximately 25,000 people in the heart of the lush Willamette Valley. Downtown stores and restaurants are within walking distance of the campus. The magnificent Oregon Coast is a one-hour drive from McMinnville. Many urban and cultural opportunities are available in Portland and Salem. The rugged Cascade Range is also within easy driving distance from the campus.

### **FACILITIES AND SERVICE**

The office is typically open 7 days a week from 7:30 am until 7:00 pm. The Auxiliary Services Department (C & EP Office) serves as headquarters for all campus activities during the summer months.

### **RESIDENCE HALLS**

Linfield's residence halls offer a wide variety of living arrangements, and house between 21 and 100 guests. Each residence hall has swipe card-operated laundry facilities, a lounge with a color television and a variety of other community facilities. Each residence hall room is furnished with oak furniture consisting of a twin bed, chest of drawers, study table or desk, and a chair for each resident. Depending on the size of the room, there may be a closet for each occupant of the room or one large closet that the occupants share. None of the residence halls are air-conditioned; we suggest that guests bring their own small fans, along with hangers for the closet. With the exception of a few residence halls that have rooms with private baths, restroom facilities are located on each floor of the residence hall. The following halls will be utilized for the Region IV Boys ODP Teams and Staff:

### **MEMORIAL HALL – ODP OFFICE**

### **KEYS**

Keys play an important role in the degree of security guests will enjoy while on campus. It is for this reason that the Conference and Events Staff takes the matter of keys seriously. The residence halls on campus are keyed in two ways. The exterior doors are swipe card controlled. The entry doors will be automatically locked at 11:00 PM every evening so only the staff in charge will be able to enter the residence halls. The doors to each room inside the residence hall each have a key unique to that room. Due to the increased concern for our players' safety and the increased cost of replacing keys and locks, no keys to exterior doors will be issued to anyone except the Camp Director. The Camp Director will receive a master key for each residence hall and it will be his responsibility to assist people who become locked out of their residence hall. **Each player will receive a room key to their assigned room and a meal card that must be with them to have access to the dining hall. Meal cards are swiped at all the meals to determine the meal count. No player will be admitted to the dining room without a Meal card. If a key is lost or found, please report it to the Auxiliary Services Department as soon as possible.**

### **TOWELS/BED LINEN**

**All players must provide their own towels and bed linens.**

### **LAUNDRY FACILITIES**

The Auxiliary Services Department does not operate any public laundry facilities. ODP participants will find that there is at least one washing machine and dryer in each residence hall, usually located on the lower floor. **You will need to provide your own soap.** Each State will pay \$25 per team per session; they will then receive a swipe card that will cover all laundry costs for the session.

## **MEETING FACILITIES**

To be posted at ODP Office

## **MAIL & MESSAGES**

The C & EP Staff will make every attempt possible to insure that players get mail or messages in a timely manner. If mail needs to be delivered, a C & EP Staff member will locate the ODP Camp Director, and that individual will be given the mail. In the case of a message that comes to our office, the message will be delivered to the ODP Camp Director for delivery to the appropriate person. In order to insure the quickest possible delivery of mail to ODP players mail must be sent as follows:

(ODP Participant's Name)  
Region IV Boys ODP  
C/O Conference & Events Planning Office  
Linfield College – 900 SE Baker St.  
McMinnville, OR 97128-6894

Mail that arrives after a player has left campus will be forwarded to the Region IV ODP Office in Sandy, Utah, unless other specific forwarding instructions are left with the C & EP Staff.

## **TELEPHONES**

The direct phone number to the Boys ODP Office and fax on campus is 503-883-2750. The college is limited in the number of telephones it can provide. Generally only the Camp Director and ODP staff will have telephones provided. If you are going to need a phone, you may bring your own touch-tone telephone. In all college housing, local calls can be made but long distance calls may only be made by dialing collect, credit card, or billed to a third party. There are no pay phones on Linfield College campus. The Riley Campus Center, the Athletic Complex and Dillin Hall have telephones which participants may use to make local calls and long distance calls either collect or with a credit card.

## **POST OFFICE**

The Post Office on the campus is located in the Withnell Commons. The Post Office will be open from 10:00 AM to 4:00 PM Monday thru Friday.

## **BOOKSTORE**

The Linfield Bookstore is located on the main level of Riley Hall. The hours of operation are 8:30 AM to 4:00 PM Monday thru Friday.

## **LIBRARY**

Northrup Library is open to the public during limited hours in the summer, Monday thru Friday from 8:00 AM until 5:00 PM.

## **MONEY CHANGING**

Persons needing to exchange monies may do so at the Conference & Events Planning Office. The Library also has a change machine that will take dollar bills and exchange them for quarters. There is an ATM located on campus in Riley Hall that will take cards with the ACCEL, PLUS, CIRRUS, and EXCHANGE labels.

## **CONVENIENCE STORE**

Located on the South end of Campus. #19 on the campus map.

## **DISRUPTIVE BEHAVIOR**

Players are asked to cooperate with one another, the staff of C &EP, and any other guests or college staff. Players shall not interfere with, annoy, disturb, or obstruct any other guest, participant, or staff member of the college or group by means of noise, abusive language or any other disruptive behavior. **THE COLLEGE RESERVES THE RIGHT TO REMOVE FROM ITS PREMISES ANY INDIVIDUALS PARTICIPATING IN SUCH ACTS.**

## **ALCOHOL/DRUG**

Linfield's alcohol policy complies directly with the Oregon State Law. No person under the age of 21 may consume alcohol for any reason. Anyone who manufactures, possesses, has under his/her control, sells, furnishes, or facilitates the use of a narcotic or dangerous drug on college property, in a college residence hall, or a college owned off-campus house is subject to disciplinary and legal action.

## **SMOKING**

Oregon State Law prohibits smoking by individuals under the age of 18. Smoking is **PROHIBITED** in all buildings, private rooms, and common use areas on the Linfield College Campus.

## **FIRE EQUIPMENT**

Any participant who willfully tampers with or breaks any fire alarm or fire-fighting equipment, which gives, transmits, or sounds any false alarm, is guilty of a misdemeanor. The typical fine for such acts is \$500.00 per incident. In addition to the fine, the cost of refilling, repairing, or replacing misused fire alarms or fire-fighting equipment, as well as any damages resulting from their misuse, will be charged to the party/parties determined to be responsible.

## **FIRE SAFETY**

In order to be prepared for the unlikely event of a fire, participants should be aware of the following procedures and precautions:

- Upon arrival on campus, everyone should familiarize themselves with building exits, hallways and stairways.
- If you become aware of a fire, pull the fire alarm and verbally alert others in the building.
- Leave the building immediately, even if you think the alarm may be false.
- Choose the most remote exit from the fire for your escape from the building. Move at least 50 feet from the building. **DO NOT** use the elevators.
- Once having exited the building, try to make sure that someone in your group has notified the campus officials of the emergency.
- Do not re-enter the building until the McMinnville Fire Department, Campus Safety, or other campus officials have provided safety clearance.

## **PERSONAL PROPERTY**

Linfield College does not assume any responsibility for loss or damage to any guests' personal property under any circumstances, nor will it assume responsibility for belongings guests may leave behind in residence hall rooms at the conclusion of the ODP camp/tournament. Participants will be personally responsible to protect their personal property from accidents and theft by keeping the doors to their rooms locked at all times.

## **CAMPUS SAFETY**

Their uniforms easily recognize Linfield's campus safety officers. The officers carry mobile phones at all times. The phone number to reach an officer is 503-883-5300. These officers are on duty 7 days a week, 24 hours a day. In additions to their regular duties, they will be responsible to make sure all campus buildings and residence halls are locked and unlocked on time. At no time is a residence hall door to left propped open for any reason.

## **PERSONAL SAFETY**

Although Linfield campus may appear to be quite safe in its surroundings, we recommend that guests exercise precautions to protect themselves:

- Walk only in well-lighted areas at night or early in the morning.
- Park your vehicle in a well-lighted area, preferably in a parking lot rather than one of the city streets.
- Do not walk alone, especially at night.
- Contact Campus Safety or C & EP to report incidents, suspicious persons or circumstances.

**INCIDENT/ACCIDENT REPORTING**

In order to comply with state laws and regulations, the C & EP Office requires the ODP Camp Director/staff to keep accurate and timely written accounts of incidents and accidents that occur while the ODP group is on campus. If an accident or incident occurs, a report shall be filled out in its entirety and turned into the C & EP office.

**FIREWORKS AND EXPLOSIVES**

Linfield policy prohibits the possession or use of firearms, ammunition, explosives, fireworks or any other item that could be used as a weapon. Firearms include air rifles, BB guns and pistols.

**SKATEBOARDING & ROLLERBLADING**

Roller blades, skateboards and scooters are not permitted on campus. Please leave these items home. These items will be confiscated and held at the ODP office until the participant is ready to leave campus.

**PARKING**

There is adequate parking along side streets and in parking lots. No parking permits are required. The only restrictions are on areas marked by yellow paint or special signage.

**PETS**

Because of Health regulations, absolutely no pets are allowed on campus, with the exception of Seeing Eye dogs. There will be a \$75.00 a day fine assessed for every day that a pet is on campus.

**CAFETERIA**

The cafeteria is located in the Dillin Commons: Meal times for the Region IV Boys ODP will be posted. No participant will be admitted without his or her room key.

**YOUTH SUPERVISION**

Linfield College and the Region IV ODP require that no team or group of players be left unattended at any time.

**MCMINNVILLE RESOURCES**

***MEDICAL SERVICES***

There are two main medical resources in town. The Columbia Willamette Valley Medical Center offers a fully maintained 24-hour emergency service staffed by four full-time emergency physicians. The hospital is located on the Highway 18 bypass, just across the street from the factory outlet stores. For non-emergency care, the Physicians Medical Center is located about 5 minutes from campus in the downtown district.

***BANKING/FINANCIAL SERVICES***

Bank of America	1650 N Highway 99W	503-472-9303
Wells Fargo Bank	2490 N Highway 99W	503-472-3773
Key Bank of Oregon	342 E 3 <sup>rd</sup> Street	503-472-2161
US Bank of Oregon	335 E 3 <sup>rd</sup> Street	800-872-2657
Washington Mutual	1675 N Highway 99W	503-472-9505

***LAUNDROMATS***

Classic Cleaners	102 S Baker Street	503-472-7724	
Bunn's Laundromat	1339 NE Baker Street	503-472-1110	Hrs – 6:00 AM to 10:00 PM

### ***PIZZA/FAST FOOD DELIVERIES***

Domino's		503-434-4330	Hrs – 11:00 AM to 12:00AM
Pizza Hut	1425 NE Hwy 99W	503-472-4700	Hrs – 11:00 AM to 10:00 PM
3 <sup>rd</sup> Street Pizza	433 NE 3 <sup>rd</sup> Street	503-434-5800	Hrs – 11:00 AM to 10:00 PM
Prime Time Pizza	1350 NE Baker Street	503-434-6666	Hrs – 11:00 AM to 11:00 PM

There is a Subway Sandwich Shop within walking distance of the south end of the campus & a Quiznos located near the Library.

### **MISC. TRANSPORTATION SERVICES**

#### ***GREYHOUND BUS LINES***

To determine the arrival times at McMinnville, contact you're nearest Greyhound Bus Terminal.

#### ***PRESTIGE EXPRESS***

Limousine service from Portland can be obtained. Special run limousine service from Salem and Eugene can be arranged. Call 503-472-7980 for more information.

#### ***CAB SERVICE***

Central Valley Tax – Phone 503-472-1714

#### ***MCMINNVILLE AIRPORT***

The airport is located near the southeastern part of McMinnville on highway 18. The runways are pilot operated and available 24 hours a day. The telephone number is 503-472-0558

### **DIRECTIONS TO LINFIELD COLLEGE – MCMINNVILLE, OREGON – PHONE 503-883-2200**

Linfield College is located on Highway 99W in McMinnville, Oregon. Located in the mid-Willamette Valley, it lies approximately 60 minutes southwest of downtown Portland and 25 to 30 minutes northwest of Salem, Oregon.

#### **FROM PORTLAND TO LINFIELD**

Take I-5 south to Tigard exit. Exit onto highway 99W going south. Proceed through the communities of Tigard, Sherwood, Newberg, Dundee and Lafayette (do not turn on highway 18-Dayton exit) before arriving in McMinnville. In McMinnville, highway 99w is also Baker Street. Stay on Baker Street through the community until you pass the city fire station. At the next light, turn left into the main entrance of Linfield College. If you should go beyond the traffic light, continue on to the next street, Linfield Avenue, and turn left where you should go 2 blocks and you will be on the south side of the campus.

#### **FROM PORTLAND INTERNATIONAL AIRPORT & INTERSTATE 84 TO LINFIELD**

Take I-205 south to I-5, exit north on I-5 and remain in the far right lane to the Tualatin exit. Remain in the left lane of the exit lane so you may make a left turn to take the overpass over I-5. Stay on this street (Nyberg Road) and follow the signs to Sherwood and Newberg. After reaching 99W, turn left (west) and proceed through Nyberg, Dundee, Lafayette and McMinnville. Directions to the campus are indicated above.

#### **FROM SALEM AND SOUTH INTERSTATE 5 TO LINFIELD**

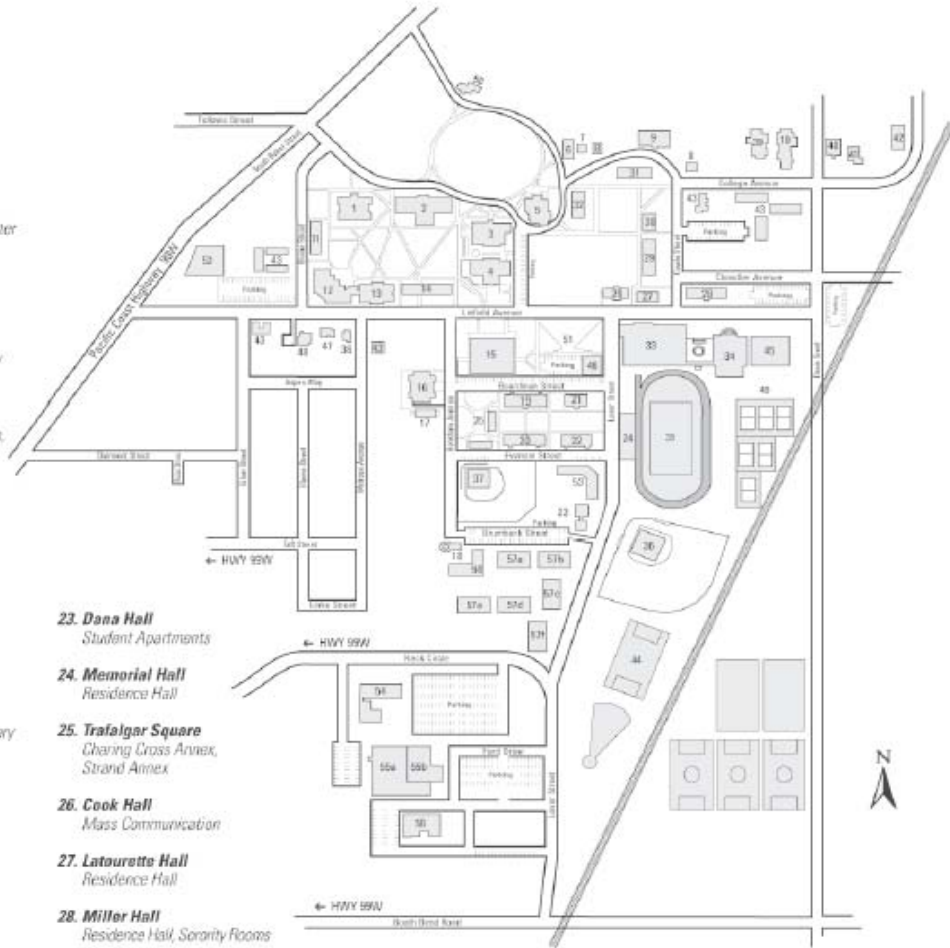
Take the highway 22 exit off I-5. This will take you through some of the downtown area of Salem. Traveling west on highway 22 from Salem, you will travel about 10 miles to the junction of highway 99W. There is a traffic light at this intersection. Turn right on 99W and north to McMinnville (approximately 20 miles). Linfield is located on the right side (east) of the street at the second traffic light in McMinnville.

#### **TO LINFIELD FROM OTHER OREGON LOCATIONS**

Please consult the Oregon State Map to determine the route most suitable for your trip.

# Linfield College Campus

- 1. Northup Hall**
- 2. Malrose Hall**  
Administration, Classrooms, English, Philosophy, Religious Studies, Malrose Auditorium, Jonasson Hall, International Programs
- 3. Riley Campus Center**  
O'Rileys Deli, Bookstore, Student Activities, ASLC, Fred Meyer Lounge, Meeting Rooms, Employee Lounge, Game Room, Women's Resource Center
- 4. Walker Hall**  
Academic Advising Office, Student Health Center, Counseling Center, Career Center, Learning Support Services, Anthropology Museum, Sociology-Anthropology, Archaeology Lab, Modern Languages, Classrooms
- 5. Pioneer Hall**  
Classrooms, History, Political Science, Psychology, Residence Hall, KSLC Radio Station
- 6. Newby Hall**  
Student Apartments
- 7. Greenhouse**
- 8. Storage**
- 9. Cozine Hall**  
Conferences and Events Planning
- 10. Potter Hall**  
Pre-school, Residence Hall, Early Childhood, Elementary/Secondary Education
- 11. Taylor Hall**  
Business
- 12. Murdock Hall**  
Biology, Chemistry
- 13. Graf Hall**  
Physics, Mathematics
- 14. Mac Hall**  
Residence Hall, Integrated Technology Services
- 15. Dillin Hall**  
Dining Commons
- 16. Renshaw Hall**  
Music, Computer Science, Computer Lab
- 17. Music Practice Annex**
- 18. Observatory**  
Convenience Store
- 19. Larsell Hall**  
Residence Hall
- 20. Hewitt Hall**  
Residence Hall
- 21. Anderson Hall**  
Residence Hall
- 22. Frerichs Hall**  
Residence Hall



- 23. Dana Hall**  
Student Apartments
- 24. Memorial Hall**  
Residence Hall
- 25. Trafalgar Square**  
Charing Cross Annex, Strand Annex
- 26. Cook Hall**  
Mass Communication
- 27. Latourette Hall**  
Residence Hall
- 28. Miller Hall**  
Residence Hall, Sorority Rooms
- 29. Jane Failing Hall**  
Residence Hall
- 30. Grover Hall**  
Residence Hall
- 31. Campbell Hall**  
Residence Hall
- 32. Whitman Hall**  
Residence Hall
- 33. Health, Human Performance and Athletics Building**
- 34. Aquatics Building**
- 35. Maxwell Field**
- 36. Helser Baseball Field**  
Wright Stadium
- 37. Softball Field**
- 38. Emmaus House**

- 39. Delta Psi Delta Fraternity**
- 40. Theta Chi Fraternity**
- 41. Pi Kappa Alpha Fraternity**
- 42. Kappa Sigma Fraternity**
- 43. The Suburbs**  
Student Housing
- 44. Soccer Field**
- 45. Rutschman Field House**
- 46. Heating Plant**
- 47. Upward Bound**
- 48. Michelbook House**  
Office of Admission
- 49. Tennis Courts**
- 50. President's Home**
- 51. Memorial Fountain**
- 52. Malthus Hall**  
Division of Continuing Education, Economics Department
- 53. Mahaffey Hall (formerly South Hall)**  
Residence Hall
- 54. Miller Fine Arts Center**  
Art, Gallery
- 55a. Jereid R. Nicholson Library**
- 55b. Kenneth W. Ford Hall**  
Marshall Theatre, Theatre and Communication Arts
- 56. Physical Plant and Campus Safety Departments**
- 57. Hewlett-Packard Park Apartments**
- 58. Withnell Commons**  
Post Office

## STATE ODP ADMINISTRATORS' RESPONSIBILITIES

\_\_\_\_\_ It is the State ODP administrators responsibility that all of the information in this packet is distributed to every administrator, coach, and player **BEFORE** coming to Linfield.

\_\_\_\_\_ ODP Rosters must include the following: List only the persons coming to camp on the top portion of the roster. For rooming purposes please designate if any coach or team administrator is a female. Please list your State Coach and State ODP Administrators on the bottom of the roster. List goalkeepers (with jersey #'s) first on your roster, followed by your players in order of their jersey numbers. Once again, ALL information must be included on your Roster.

\_\_\_\_\_ Notify all coaches/players/administrators that they must provide their own bed linens, pillows, and towels, telephones and small fan.

\_\_\_\_\_ ALL camp fees must be paid in full before players are allowed into camp. If you have camp fees due, send a check (**\$475.00/player**) to: Region IV USYS Office – Boys ODP Camp Fees – P.O. Box 901778, Sandy, UT 84090

\_\_\_\_\_ For players whose holdover fees are not paid by their State, they must bring a check for **\$275.00** in the event they are selected to the Region Team Pool. Parents may also call the Region IV Office and use a credit card for payment if they wish. Office phone # is 801-263-1941.

\_\_\_\_\_ If a player is injured and cannot attend camp paid fees will be refunded **ONLY** with a Physicians report. Please send request for reimbursements to the Region IV Office along with a copy of the physicians report.

\_\_\_\_\_ Make sure all team travel arrangements are complete. Players and teams are responsible to attain their own transportation from the airport to Linfield. Advise your Team administrators that they will be responsible to complete the travel arrangements home for your state's holdovers. Check-In location will be posted on campus. Check-In is 1:00 PM to 5:00 PM and checkout is 9:00 AM.

\_\_\_\_\_ Check-In requirements: A 3-ring binder (one set of originals placed in plastic sleeves in roster order) the following paperwork. **ALL PAPERWORK MUST BE CURRENT INFORMATION. All forms are available at [www.regioniv.com](http://www.regioniv.com).**

\_\_\_\_\_ Medical Release

\_\_\_\_\_ Medical History Questionnaire

\_\_\_\_\_ Code of Conduct

\_\_\_\_\_ Player Data Form. If player has a passport, please attach legible copy to Data Form.

\_\_\_\_\_ **30 copies of Team Rosters. (*List Goalkeepers first followed by players listed by jersey number in order*).**

**Original is to be kept in the possession of the team administrator at all times. Emergency form is to be turned into the Medical Staff at the first administrators meeting.**

\_\_\_\_\_ United Player packets must be turned in at check-in and packets for hold over players will be collected before the Administrator leaves camp.

\_\_\_\_\_ Due to insurance purposes, no player will be allowed to participate until ALL forms are provided and signed properly.

\_\_\_\_\_ States are responsible to make sure all Adults attending/associated with their team have completed and have on file a current US Youth Soccer disclosure form.

\_\_\_\_\_ Team Administrators will be asked to sign a form verifying the number of players & adults on roster attending camp.

## TEAM ADMINISTRATORS' AND COACHES' RESPONSIBILITIES

Check-in/registration will be held on arrival days between 1:00 PM and 5:00 PM at a posted area on Campus. There will be no early registration/check-in for coaches and players. **NO exceptions**, so please plan your arrival accordingly. Administrators must check-in their teams with the ODP staff before they receive their dorm assignments.

Each team must have a **minimum** of one adult coach and **one** adult administrator staying with them. **These adults are responsible for this team of players 24 hours a day. At no time is a team to be left unsupervised.** Each adult accompanying a team is responsible for that team's conduct both on and off the field. These adults will be held directly responsible for the actions of any player under their supervision.

Administrators should check players' rooms before they enter and note any damage, such as torn screens, etc. Please make either the Camp Director or the dorm director aware of any such damage.

**All players are to be in their rooms at 10:30pm. Lights out at 11:00pm. These times apply to all teams.** If food has been ordered and not arrived by curfew, either the administrator or the coach will wait in the lobby, pay for the food and deliver it to that player's room. It is suggested that you pre-order your pizza to be delivered at a specific time.

Administrators and Coaches are responsible for making sure their players clean up all of their garbage, including "tape balls" after games and practices. Please make periodic checks of your players' rooms for excessive trash. You will also be asked to help the Region IV staff keep trash picked up in lecture halls, meeting/lounge areas, and the lunchroom.

Player water bottles/containers **cannot** be filled in the cafeteria. Please make sure they fill their drinking containers **BEFORE** they come to the field. **The ice in the coolers at the fields and dorms is "recycled" so please do not put it in your drinking containers.**

All meetings/events/videos for administrators, coaches, and players are **mandatory**. Team administrative meetings will be held nightly with times and places posted.

**ALL SCHEDULES/NOTICE WILL BE POSTED AT Memorial Hall.** It is the responsibility of the team administrators and/or coach to read them.

Female administrators will be housed with their teams but must be aware that their shower/restroom may be located on another floor or in another dorm. Every attempt will be made to have the facilities in the same dorm.

On departure day ALL teams, coaches, and administrators must be out of their rooms @ 9:00 AM. All keys must be accounted for before you checkout. A Region IV staff member will conduct room checks with team administrators.

Holdover pools will be announced at closing ceremonies. Each player named to the pool will have to call home first to notify his parents. The players will meet at the ODP office for assignment to their rooms the following morning.

Administrators must take their holdovers airline info to the ODP office.

## PLAYER RESPONSIBILITY AND GUIDELINES

**Players must provide their own bedding, pillow, and towels. You are to bring a soccer ball and water container. You may want to bring a small fan and a telephone. Mark all of your belongings.**

**All players are to be in their rooms at 10:30 PM with lights out at 11:00 PM.** Outside doors to all dormitories are locked at 10:30 PM. If you order food and it does not arrive by 10:30 PM your administrator or coach will have to wait for your order, pay for it, and deliver it to your room. It is suggested that you pre-order your food and have it delivered before 10:30 PM

It will be enforced that no player will kick, head, bounce, propel, or in any way or form play with a soccer ball inside any building. Soccer balls will be confiscated and turned into the ODP office. They will be returned to the players' administrator or coach only. ***Any damage caused by a player(s) will be assessed to those involved and will be the direct responsibility of the Team administrators/coaches.***

The cost for a lost room key is \$55.00. This key is also your meal ticket. Please do not lose it. Lost keys must be paid for at check-out.

Elevators are to be used strictly for staff and injured players.

Stereos/music are to be kept low in volume so as to not bother others.

There may be female administrators in your dorm. Please keep your clothes on in the dorms.

You are responsible for your own garbage on the field, in your room, in the dorms, etc. Please pick up after yourself. **No cleats inside any building.**

Please leave screens on your windows in order to keep bugs out.

All players and parents signed the "Players Code of Conduct". Please understand that violation of this code will get you sent home at the expense of your parents. Linfield and the Region IV Staff will have a **zero** tolerance for theft or other violation of the law. If a player is determined to be sent home, the players' administrator/coach will be directly responsible for notifying the parents and arranging for the player to go home.

Please treat other players, administrators, coaches, referees, and staff with respect. We ask that you do not use foul language.

Teams in each of the dorms will be responsible daily for any trash that is not put in containers inside and outside of the building they are housed at.

If you need help with anything, please ask one of the ODP staff for assistance.

## US YOUTH SOCCER – REGION IV – LIGHTNING POLICY

This lightning policy is a proactive and comprehensive one that may save the lives of athletes, coaching staff, and fans. Therefore, the following policy should be adhered to without variation, as no game or practice is worth anyone's life.

\*Each coaching staff and administration should be made aware of the following policy.

1. At each event the athletic trainer, coach, and administrators should have chosen a "safe structure" the first choice is in a building, the second is any vehicle with a metal roof.
2. Athletic trainers should carefully monitor weather reports to help determine when to stop play and seek shelter and when to allow activity to continue.
3. Use of the "flash-to-bang method" in order to determine when to leave and when to return to the playing field.
4. When a decision to clear the field has been made, they must be cleared as quickly as possible. Athletic trainers, coaches, administrators and officials are responsible for moving people to "safe structures".
5. The athletic trainer at any event will make the decision as to when to move inside and when to return. In the event that the athletic trainer is not on-sight the decision lies with the Head Coach or administrator.

### Flash-to-Bang Method

- When you see a flash start counting
  - When you hear thunder stop
  - Divide that counted number by five
- This tells you how far away the lightning was in miles
- Flash-to-Bang counts of 30 or less equals 6 miles or less indicate that people should be moved inside
  - Return to play should not be considered until 30 minutes after the last flash or thunder

### Lightning Facts

- 7,741 people were killed by lightning in the US between 1940 and 1981
- Approximately 100 people are killed each year by lightning strikes in the US and 400-500 are injured
  - Roughly 30 percent of people struck by lightning die
  - Lightning strikes are unpredictable and can strike from a clear blue sky

## US YOUTH SOCCER – REGION IV ODP – HEAD INJURY GUIDELINES

### GRADE 1 CONCUSSIONS

Definition: Transient confusion, no loss of consciousness, and a duration of mental status abnormalities of less than 15 minutes.

Management: The athlete should be removed from sports activity, examined immediately and at 5-minute intervals, and allowed to return that day to sports activity only if post concussive symptoms resolve within 15 minutes. Any athlete who incurs a second Grade 1 concussion on the same day should be removed from the sports activity until asymptomatic for 1 week.

### GRADE 2 CONCUSSIONS

Definition: Transient confusion, no loss of consciousness, and a duration of mental status abnormalities of 15 minutes or greater.

Management: The athlete should be removed from sports activity and examined frequently to assess the evolution of symptoms, with more extensive diagnostic evaluation if the symptoms worsen or persist for more than 1 week. The athlete should return to sports activity only after asymptomatic for 1 full week. Any athlete who incurs a Grade 2 concussion subsequent to a Grade 1 activity on the same day should be removed from sports activity until asymptomatic for 2 weeks.

### GRADE 3 CONCUSSIONS

Definition: Loss of consciousness, either brief (seconds) or prolonged (minutes or longer).

Management: The athlete should be removed from sports activity for 1 full week without symptoms if the loss of consciousness is brief or 2 full weeks without symptoms if the loss of consciousness is prolonged. If still unconscious or if abnormal neurologic signs are present at the time of initial evaluation, the athlete should be transported by ambulance to the nearest hospital emergency department. An athlete who suffers a second Grade 3 concussion should be removed from sports activity until asymptomatic for 1 month. Any athlete with an abnormality on computed tomography or magnetic resonance imaging brain scan consistent with brain swelling, contusion, or other intracranial pathology should be removed from sports activity for the season and discouraged from future return in contact sports.

Source: Quality Standards Subcommittee, American Academy of Neurology

# June



2009

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24 96s Arrive	25 96s Camp	26 96s Camp	27 96s Camp	28 96s Camp
29 96s Depart 96 Holdovers	30 95s Arrive 96 Holdovers					

Region IV Boys ODP  
2009 Regional Camp Calendar

# July



2009

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1 95s Camp 96 Holdovers	2 95s Camp 96 Holdovers	3 95s Camp 96 Holdovers Depart	4 95s Camp	5 95s Depart 95s Holdover
6 94s Arrive 95s Holdover	7 94s Camp 95s Holdover	8 94s Camp 95s Holdover	9 94s Camp 95s Holdover Depart	10 94s Camp	11 94s Depart 94 Holdovers	12 93s Arrive 94 Holdovers
13 93s Camp 94 Holdovers	14 93s Camp 94 Holdovers	15 93s Camp 94 Holdovers Depart	16 93s Camp	17 93s Depart 93 Holdovers	18 92s Arrive 93 Holdovers	19 92s Camp 93 Holdovers
20 92s Camp 93 Holdovers Depart	21 92s Camp	22 92s Camp	23 92s Depart 92 Holdovers	24 92 Holdovers	25 92 Holdovers Depart	26
27	28	29	30	31		

Region IV Boys ODP  
2009 Regional Camp Calendar

Region IV Boys ODP Camp  
Typical Daily Schedule

7:00 – 9:00	Breakfast
9:00 – 10:15	Group A - Training by Regional Staff
9:00 – 10:15	Group B - Goalkeeper Training
10:15 – 11:30	Group B - Training by Regional Staff
10:15 – 11:30	Group A - Goalkeeper Training
11:30 – 1:30	Lunch
2:00 – 3:15	Lecture or Invitational Game
3:15 – 4:30	Down Time
4:45	Administrators' Meeting
4:30 – 6:30	Dinner
5:30 – 7:00	Games
7:00 – 8:30	Games
9:30	Regional Coaches Meeting
10:45	Lights Out



## US YOUTH SOCCER REGION IV OLYMPIC DEVELOPMENT PROGRAM

### PLAYERS CODE OF CONDUCT

#### PARTICIPANTS AGREEMENT TO ACCEPT AND ABIDE BY THE RULES OF THE PROGRAM

Players participating in the Olympic Development Program with US Youth Soccer are exercising a privilege afforded them by US Youth Soccer in pursuit of Regional and National recognition as youth players. These players must exhibit the maturity to be successful in this pursuit. Thus, the following guidelines and rules shall apply in all activities within the US Youth Soccer Region IV Olympic Development Program.

#### **I. GENERAL GUIDELINES:**

Players are expected to conduct themselves at all times in a manner, which is in keeping with representing US Youth Soccer, and will not bring discredit upon the Association.

When traveling with the ODP Program, each player is expected to dress appropriately as befits representing US Youth Soccer or as directed by the Administrator and Coach.

Respect for property of others, adherence to rules and guidelines as specified here or by the Coach/Administrator, and observance of State and Federal laws are required for participation in this program.

#### **II. DISCIPLINE RULES:**

1. Substance use and/or possession thereof – weapons, drugs, alcohol, and/or tobacco (by minors) is Cause for immediate dismissal from the program.
2. Persistent irresponsible and disrespectful behavior is cause for dismissal from the program.
3. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Failure to comply with any and all camp, team, or specific activity rules (curfew, attendance, dress code, schedules, etc.) may be cause for disciplinary action. Persistent failure will be cause for dismissal from the program for the remainder of the current season of this program and could affect a player's future participation.

**PLEASE NOTE:** If dismissal from the program or an event occurs while traveling, the player may be sent home immediately at the parent's cost by whatever means is most convenient for the Program Administrators. No reimbursement of program fees will be made to the dismissed player or the player's family.

We, the undersigned, have read, understand and agree to abide by the above guidelines and rules. We also agree to accept actions taken for failure to abide by these guidelines and rules.

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***Print Players Name***

***Signature of Player***

***Date***

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***Print Parent/Legal Guardian Name***

***Signature of Parent/Legal Guardian***

***Date***



MEDICAL HISTORY QUESTIONNAIRE –US YOUTH SOCCER REGION IV ODP

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE I. \_\_\_\_\_
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
DATE OF BIRTH - - SEX\_M \_\_\_ F\_\_\_
EMERGENCY CONTACT \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

PLEASE CIRCLE “NO” OR “YES” AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED ON BOTH SIDES OF THIS FORM. ALL INFORMATION WILL BE CONFIDENTIAL.

- 1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc)? NO YES (list)\_\_\_\_\_
2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, Anti-inflammatories, antibiotics, etc.)? NO YES (List and give reason)\_\_\_\_\_
3. Have you ever had an epileptic seizure? NO YES
4. Have you ever been told by a doctor that you have epilepsy? NO YES (List medication)\_\_\_\_\_
5. Have you ever been treated for diabetes? NO YES
6. Have you ever been told by a doctor that you were anemic NO YES When?\_\_\_\_\_
7. Have you ever been told by a doctor that have sickle cell anemia? NO YES
8. Have you ever been told by a doctor that you have sickle cell trait? NO YES
9. Do you or have you ever had high blood pressure? NO YES (List medication)\_\_\_\_\_
10. Do you or have you ever had the following diseases?
NO YES (give date)\_\_\_\_\_ heart disease (heart murmur, rheumatic fever)
NO YES (give date)\_\_\_\_\_ lung disease (pneumonia)
NO YES (give date)\_\_\_\_\_ kidney disease (infectious)
NO YES (give date)\_\_\_\_\_ liver disease (mononucleosis, hepatitis)
11. Do you or have you ever been told by a doctor that you have asthma? NO YES (list medication)\_\_\_\_\_
12. Do you or have you ever had a hernia or “rupture”? NO YES Has it been repaired \_\_\_\_\_ Date \_\_\_\_\_
13. Have you ever been “knocked out” (unconscious) in the past 3 years? NO YES (list dates)\_\_\_\_\_
14. Have you had a concussion or other head injury in the past 3 years? NO YES (list dates)\_\_\_\_\_
15. Have you stayed overnight in a hospital due to a head injury? NO YES (list dates)\_\_\_\_\_
16. Have you ever had a neck injury involving bonesm nerves or disks that disables you for a week or longer
NO YES Type of injury \_\_\_\_\_ Dates \_\_\_\_\_
17. Do you wear glasses or contacts during competition? NO YES
18. Do you wear any of the following dental appliances: PERMANENT BRIDGE, BRACES, REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, FULL PLATE, PERMANENT CROWN OR JACKET? NO YES (circle those which apply)
19. Have you had a broken bone or fracture in the past 2 years? NO YES R \_\_\_ or L \_\_\_
What bone(s) \_\_\_\_\_ Dates \_\_\_\_\_
20. Have you ever had a shoulder injury in the past 2 years that disabled you for a week or longer? (dislocation, Separation, etc)
NO YES R \_\_\_ or L \_\_\_ Type of injury \_\_\_\_\_ Date \_\_\_\_\_
21. Have you ever had shoulder surgery? NO YES R \_\_\_ or L \_\_\_ What was done & why? \_\_\_\_\_ Date \_\_\_\_\_
22. Have you ever injured your back? NO YES Type of Injury \_\_\_\_\_ Date \_\_\_\_\_
23. Do you have back pain? NO YES (circle those that apply) SELDOM, OCCASIONALLY, FREQUENTLY, WITH VIGOROUS EXERCISE, WITH HEAVY LIFTING
24. Have you injured your knee in the past two years? NO YES
25. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? NO YES R \_\_\_ or L \_\_\_
Date \_\_\_\_\_
26. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? NO YES R \_\_\_ or L \_\_\_
Date \_\_\_\_\_
27. Have you ever had knee surgery? NO YES R \_\_\_ or L \_\_\_ What was done \_\_\_\_\_ Date \_\_\_\_\_
28. Have you had a severe ankle sprain in the past 2 years? NO YES R \_\_\_ or L \_\_\_
29. Do you have a pin, screw, or plate in your body? NO YES Where in your body? \_\_\_\_\_ Date \_\_\_\_\_
30. Do you have other conditions that we should be aware of (i.e ulcers, pregnancy, food or insect allergies, tendinitis,etc.)?
NO YES (specify and give details) \_\_\_\_\_
31. DATE OF YOUR LAST IMMUNIZATION: Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Measles \_\_\_\_\_

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE:

Athlete’s Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**US YOUTH SOCCER REGION IV OYLMPIC DEVELOPMENT PROGRAM**

**PLAYER MEDICAL RELEASE FORM**

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY INFORMATION**

Mother's Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

**IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Medical and/or Hospital Insurance Co. \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**(Attach Copy of Insurance Card)**

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**PARENT'S APPROVAL AND MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

PARENT/GUARDIAN NAME: \_\_\_\_\_

(Please Print)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



**UNITED STATES YOUTH SOCCER**  
 Proud Member of the United States Soccer Federation, Inc.  
**OLYMPIC DEVELOPMENT PROGRAM**  
**INDIVIDUAL PLAYER PROFILE**

**PERSONAL**

Player's Full Legal Name: (no nicknames) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Parent Email address: \_\_\_\_\_ Player Email address: \_\_\_\_\_  
 Parent's Work Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Place Of Birth: \_\_\_\_\_ U.S. Citizen [ ] Y [ ] N Passport # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Nearest Major Airport (Home): \_\_\_\_\_ School: \_\_\_\_\_  
 Local Newspaper: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**ACADEMIC**

Name Of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Year Of Graduation \_\_\_\_\_  
 Grade Point Ave: \_\_\_\_\_ SAT Verbal: \_\_\_\_\_ SAT Math: \_\_\_\_\_ SAT Composite: \_\_\_\_\_ ACT: \_\_\_\_\_  
 Are You Now Attending School Away From Home? [ ] Y [ ] N  
 If Yes, Give Address at School:  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Special School Related Activities (Non-Athletic): \_\_\_\_\_  
 Interested Areas Of College Study: 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

**SOCCER BACKGROUND**

State Team: \_\_\_\_\_ Regional Team: \_\_\_\_\_  
 National Team: \_\_\_\_\_ Regional Camp: \_\_\_\_\_  
 Position(s) Played: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
 State Association: \_\_\_\_\_ State Team Coach: \_\_\_\_\_

**US Youth Soccer Club Team**

Name of Club \_\_\_\_\_ Number Of Years: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Club Team Coach: \_\_\_\_\_ Position(S) Played: \_\_\_\_\_

**High School Team**

Years of Experience: Junior Varsity: \_\_\_\_\_ Varsity: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 High School Coach: \_\_\_\_\_ Position(S) Played: \_\_\_\_\_

**College Team**

Years Of Experience: Junior Varsity: \_\_\_\_\_ Varsity: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 College Coach: \_\_\_\_\_ Position(s) Played: \_\_\_\_\_

I hereby give my permission for the Regional/National Administrator to provide this information to any college coach upon written request.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# US Youth Soccer Region IV

## PUBLICATION RELEASE FORM

I, \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_  
(Print name of parent or legal guardian) (Print name of youth player)

hereby authorize US Youth Soccer and it's members to publicize through print, broadcast, electronic media, or any other means of communication, detailed information about the youth player, which might include some or all of the following identification information: name; photograph; address; telephone number; team, registration and playing statistics; college plans; and availability.

X \_\_\_\_\_ (Date)

*Please print the following:*

NAME OF YOUTH  
PLAYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

TEAM NAME \_\_\_\_\_

STATE ASSOCIATION \_\_\_\_\_

AGE GROUP (birth year) \_\_\_\_\_ Circle: BOYS or GIRLS





**REGION IV BOYS ODP CAMP 2009**  
Linfield College, McMinnville, OR

**ROOMING LIST**

State: \_\_\_\_\_ '96s  '95s  '94s  '93s  United

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

*\* Please circle the gender of your State Coach for lodging purposes.*

Room #	Player's Name	Cell Phone Number
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	Manager:	
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Male/Female	*Coach:	
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# EMPLOYMENT\VOLUNTEER DISCLOSURE STATEMENT

\_\_\_\_\_  
First Name and Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Coaching License

\_\_\_\_\_  
Referee Grade

\_\_\_\_\_  
Gender M\_\_\_\_F\_\_\_\_

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration

1 – Background in work with youth    Position\_\_\_\_\_ Year(s)\_\_\_\_\_ State:\_\_\_\_\_

2 – Experience in soccer    Position\_\_\_\_\_ Year(s)\_\_\_\_\_ State:\_\_\_\_\_

3 – Experience in youth soccer    Position\_\_\_\_\_ Year(s)\_\_\_\_\_ State:\_\_\_\_\_

4 – Previous residence(s) (for the last 5 yrs)    City\_\_\_\_\_ State\_\_\_\_\_

(Use back of form if necessary)

5 – Have you ever been convicted of a crime of violence?    Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: (Use the back of form if necessary)

6 – Have you ever been convicted of a crime against a person?    Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: (Use the back of form if necessary)

I understand that:

- a. It is the intent of US YOUTH SOCCER to deny certification to any person who has been convicted of a crime of violence or of a crime against a person.
- b. In applying for a US YOUTH SOCCER position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
- c. This disclosure statement must be updated at least every two (2) years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

POSITION: COACH\_\_\_ REFEREE\_\_\_ ADMINISTRATION\_\_\_ VOLUNTEER\_\_\_ MANAGER\_\_\_