

# 2010



# State Administrators Handbook

**2010**  
**GIRLS ODP -- STATE TEAM CAMP**  
University of Idaho, Moscow

**ADMINISTRATOR'S HANDBOOK**

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## GENERAL CAMP INFORMATION

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This soccer camp is administered and run by the US Youth Soccer, Region IV. All players attending must be a currently registered to a US Youth Soccer state association. Any player named to the Region IV ODP pool must be a currently registered player with US Youth Soccer to participate in an event.

Camp Site: University of Idaho, Moscow

Camp Dates: June 29 – July 16, 2010

<b>Cycle 1</b>	U17 (1993)	June 29 - July 3
	U16 (1994)	
<b>Cycle 2</b>	U15 (1995)	July 5 - July 10
	U14 (1996)	
<b>Cycle 3</b>	U13 (1997)	July 11 - 16

About the Facilities: Five 75 x 115 fields; a goalkeeper practice area; an all-weather field and additional warm-up space. Fields are next to the dining hall, which is adjacent to the dorm; and the all weather field is located near the Kibbie Dome. A separate, large cafeteria is a short walk from the dorms and the activity and meeting rooms are close and first-rate.

About Moscow: Altitude: 2,534 ft.; average humidity: 34%. July Avg. Temp: 83 high /50 low. Average July rainfall 0.74 Inches; 90 miles southeast of Spokane, WA. in north-central Idaho's panhandle, Moscow is cradled between Moscow Mountain and the rolling hills of the Palouse.

Player Mailing Address: Player Name, 2-letter State ID, Age Group  
 ODP Soccer  
 University of Idaho  
 1028 W. 6<sup>th</sup> Street  
 MSC 1099  
 Moscow, ID 83843

Phone Numbers: Camp Office phone number and fax number will be posted on the Region IV website.

Camp Costs: **\$475.00 per player.** A state team will be permitted to bring 1 Head Coach, and a team administrator (one adult must be female to stay in the dorm with the players) at no additional cost. Any state wishing to bring an additional adult must first contact the camp director to confirm housing space, and will be charged and additional \$375.00 for the week if space permits. Camp fees are due and payable by: May 1<sup>st</sup>, to the Region IV Office.

Regional Pool Camp: **\$325.00 per player** for Regional pool Camp. State Administrators must let the camp director know at check-in if the state is going to be responsible for Regional Pool Camp fees or if each specific player is going to present payment for camp if named to the regional pool. Payment by players can be made by check, Master card or Visa. The Regional office will invoice each state for any fees not paid by: August 15<sup>th</sup>.

State Team: A state team must have a minimum of 15 players, and no more than 18 on the roster. All teams must be age pure (by birth year), and attend camp with their age group. Minimum age of any player at camp must be born in 1997.

United Players: Any state that can not provide a minimum of 15 players on a team may send 14 players or less to be placed on united teams. State associations sending in full teams may also send additional players to play on the united teams. As with state teams, all united players must attend camp with the same players of the same birth year. Any state sending ONLY united

players in any age group, may be required to provide an administrator that will administrate a united team while at camp. Please contact the region IV Girls ODP administrator regarding this matter. There will be no charge to the SA for this administrator. Minimum age of any player at camp must be born in 1997.

- Transportation: Each SA must arrange for their transportation from the airport to camp, and back to the airport after each cycle. States sending in only united players may be able to arrange transportation with another state and share transportation. Make sure you check with another SA regarding transportation help **before** booking your flights for United players. Because states will be sending in 2 ages groups at a time, space could be limited on busses.
- Camp Arrival: Teams can check in from 2:00 pm until 4:00 or 5:00 pm. Teams should travel together and must come as a unit for check-in. (See section on United Players.)
- Camp Departure: Teams and players should plan to depart camp by noon on the last day.
- Uniforms: All state teams should attend camp with 2 match Jerseys, (Dark and Light). Dark, being home team, light being away team. In addition, numbered training tops should match the rosters, as players will be evaluated by regional staff during training as well as a match.
- Camp T-shirts: Each player and staff member that attends camp will get a camp T-shirt. Additional camp T-shirts will be for sale at camp.

## PLAYER HANDBOOK INFORMATION

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ODP Administrators,

You have been given the printing master of the Player Camp Handbook in addition to this handbook. You will need to reproduce that specific handbook for all of the players, coaches and team managers you are sending to camp from your state. A State Information page has been included for you to personalize your Camp Handbooks by listing any information particular to your own state.

The following is information you may wish to include on your state page in the player handbook:

- Any congratulations for their achievements so far.
- Who, in your state to contact for questions if they have any after reading this booklet.
- The coach, assistant coach, and manager/phone number for each of your state teams.
- Any transportation details you wish to provide
- Any reminders to the girls and/or their parents.

We strongly suggest that each girl receive the PLAYER CAMP Handbook no later than the first week in June. And please make sure the team managers get the Administrator Camp Book early as well.

We thank you for your part in making this an effective program for the girls in Region IV.

## **TEAM MANAGER INFORMATION**

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If this is your first time at camp, you'll learn almost all the details you'll ever want to know by reading through the Administrator Camp Book. However, if you have additional questions, please feel free to ask.

**Players are being asked to bring their Camp Books with them. Please remind them.**

### **Female Manager or Coach**

Each state shall provide a female manager or female coach (preferably a female manager) that shall stay in the dorm on the same floor as the team. If the state does not provide a female for its team, the Camp will provide a female manager and will charge the State the \$475 fee (plus transportation cost) for the week. If it is necessary for the region to provide a female administrator, then the regional office will need to know 30 days in advance. Male coaches and managers will not be allowed on the dormitory floors with the teams.

### **Forms to Use/Reproduce**

Forms Included are:

- ***Signs for the coach and manager doors in the dorms.*** You can either make your own or use these, adding your state and age group. It helps a great deal to have the adult rooms identified.
- ***Game Line-up Sheet you will need at camp.*** Please reproduce this and bring at least 5 with your team.
- ***Player Room numbers and, phone numbers.*** You'll want to fill this out after the team checks in, for your own information.

### **Managers' Meetings:**

We will have several managers meetings during camp to coordinate activities and to impart and share information. They will be short, and they will not interfere with training time or your ability to be with your team. Please do not miss these meetings. We will post the place and meeting time on the bulletin board.

### **Trainers and Routine Taping:**

Trainers will be available before, during, and after all practices and games. There will be a trainer's tent at the fields. A trainer will reside in the dorm and will be available in the evening hours.

The camp trainers will not do routine taping. Your state or your players must bring their own tape and assign someone to do the routine taping.

### **Curfew:**

Players must be in the dorms by 10 PM, with lights out and everyone quiet by 10:30. Please see that your players abide by the camp curfew. The regional administrators will do a lights-out check.

Adult meal cards may also serve as swipe cards to enter the dorm or buildings after hours. This will depend on the buildings assigned to Region IV for ODP camp.

### **Miscellaneous**

Please monitor the phone use of your players. No player calls after 10:30 PM. This will include calls on player's cell phones. Please note that the Camp administration will retain the right to confiscate cell phones if the player abuses their use privilege.

There is an automatic teller machine in the Commons Building and the Student Union Building (SUB). The washers and dryers take swipe cards and you will be able to purchase laundry cards from the camp staff in increments of \$10.00.

Report maintenance repair requests to the summer conference staff at their office in the basement of the McConnell Hall in addition to the Regional camp staff. Players/states will pay for damage caused or items taken.

### **Mail**

Mail can be picked up and deposited at the Camp Office Monday through Friday. When mail arrives there will be a message posted "You Got Mail" on the message board in the lobby.

### **Meals/Meal Card**

All meals are provided, from dinner the first day through lunch the day of departure. Players are not to fill their water bottles with ice from the ice machine in the cafeteria; coolers of ice will be available for this

All players, coaches, and managers will receive laminated meal cards (with a hole punched). The meal card will also open the front door of building and their room. The building will be locked at all times. The players' card will only open the front door from 6:00 AM to 10:00 PM. Players outside the dorm after these hours will need to find an adult to get into the dorm. Adults' cards will open the door at any time. It will be best to wear the meal card around your neck. Lanyards will be provided by the University.

**If a player loses a meal card, a replacement will cost \$15 and must be purchased at the ODP Camp office.**

### **Safety**

The University has its own fully certified and independent police department, which works closely with the City of Moscow Police Department, the Latah County Sheriff's Department, and the Idaho Highway Patrol. The University of Idaho Police Department (UIPD) main office is open 24 hours a day. The phone number is 885-7074.

## **TEAM MANAGER'S/STATE RESPONSIBILITIES**

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A team philosophy exists between team managers and the regional administrative staff. The camp is often hectic and full of excitement and tension. By necessity there are often last-minute changes. Region and team administrators will meet daily to communicate and coordinate. Please feel free to discuss any problems or ideas with the Camp Director or camp administrators.

- Provide the Region, by email the Camp Commitment Form. This form is due no later than April 1st. Please email to [joyce.bordley@regioniv.com](mailto:joyce.bordley@regioniv.com) or [jbordley@cysanorth.org](mailto:jbordley@cysanorth.org). The number of players your state commits to attend camp, will be the number used determined housing, staffing and meals, so it is extremely important to be accurate. Camp fees are due to the Regional Office by May 1<sup>st</sup>.

### **STATE ROSTERS**

- Provide to the Region by email your **ODP ROSTER** of players attending ODP Camp, No later than 10 days before camp arrival for each cycle. Revisions will be allowed on a roster until 7 days before that cycle attends camp with a medical letter for the replaced player. Each state will be expected to bring to camp the minimum number of players they committed to on May 1<sup>st</sup>. If you think you may want to bring additional numbers after May 1<sup>st</sup>, then please contact Joyce Bordley so it can be determined that there is adequate staff and lodging. The **ODP ROSTER** shall be E-mailed to Joyce Bordley at: [joyce.bordley@regioniv.com](mailto:joyce.bordley@regioniv.com) using the MS Excel format provided to you.
- Provide the Regional ODP Administrator with the flight arrangements (**and cell phone number for a staff member traveling with the team**) for your teams/or united players at: [joyce.bordley@regioniv.com](mailto:joyce.bordley@regioniv.com)
- **Make sure the player numbers are consistent on the practice shirts, and game Jerseys.** And provide the regional staff with 10 current, complete, accurate rosters at check-in. Please list your players with GK's first

followed by jersey numerical order. (GK-0, GK-1, 2, 3, 4 etc...) **Player names need to be their given names, the ones that appear on their IDs; this is very important for Regional Team travel.**

## **REQUIRED BY ALL**

- At check-in, provide the regional staff with a completed EMPLOYMENT/VOLUNTEER DISCLOSURE STATEMENT for each team adult. The form is included at the end of this Administrative Handbook
- At check-in, provide the regional staff with **original** paperwork for each player: PLAYER MEDICAL RELEASE FORM, a MEDICAL HISTORY QUESTIONNAIRE and PLAYER CODE OF CONDUCT FORM. (Copies of these forms are included at the end of this Administrative Handbook) All information must be complete and accurate. A player will not be allowed to take the field until this information has been provided. Please have the team 3 ring binder prepared in the following manner: Roster first followed by player packets in the same order as the roster. Please place each player packet in a plastic sheet protector with the Medical Release first.
- Maintain and carry travel notebooks containing original medical release forms and medical history for each player at all times.
- Your first responsibility is the health and safety of your players. Get to know them by name; note potential medical problems. Younger players, especially, may have difficulties being away from home or relating to unfamiliar teammates.
- Review camp rules with the players in a meeting before camp or on the first night.
- Review fire and security procedures with all players upon arrival; note the nearest exits. There should be a sheet of important, helpful information on each dorm room door.
- Insist that players keep their belongings in a neat and safe manner; players must be fully clothed when doors to bedrooms are open. Players should also keep curtains closed when dressing in their rooms.
- From time to time it is necessary for an adult to speak with a player. This may be a coach discussing the player's effort or an administrator discussing a problem the player has developed. Regional rules are clear that a player is never to be with an adult in a room without both another adult and another player present.
- Tend to ill or injured players promptly. Seek attention from trainers at the field (there will be a trainer tent) or in the dorm. Trainers are always on call; be sure you know which room is the dorm training headquarters. If a trainer cannot be reached and it is an emergency, take the player to the Gritman Medical Center. Be sure the trainer is notified when you return. Discuss serious injuries or illnesses with the Camp Director. Note any serious pre-existing condition (i.e., epilepsy, diabetes, broken arm) on the player's medical form and discuss with the trainer before competition.
- A team manager or coach must accompany a player to the hospital. Team managers **MUST** carry original **Medical release and medical history forms** to all games and practices.
- Monitor the eating habits of your players; constantly encourage them to drink water and to wear sunscreen.
- Check the bulletin boards in the lobby at least 3 times a day, and attend the Team Manager Meetings.
- Players are only permitted to be in the building that they are assigned to. They are not permitted to wander into or "hang-out" in other buildings where ODP players are assigned.
- Assure that the evening curfew is strictly enforced. Players must be in bed with the lights out by 10:30 PM. The only excuse for missing curfew is a consultation with the trainer on duty due to illness/injury.
- Assure the attendance of players and coaches at scheduled meetings and attend them as well.
- Assure that uniforms are laundered.

- Take the lead on the check-in and check-out. Make sure the team checks in as a unit. We'll give information and help with the check-out procedure at a managers meeting.
- **If you are a United Team manager**, do what you can right away to help all the girls feel comfortable with you and with each other. Make every effort to be there at 2:00 PM to meet the girls as each arrives. Please let the Camp Director know if this is not possible.

**Manager's Checklist** (of things you must and things you might bring). See also the Players' clothing and equipment checklist.

- **1 set of original paperwork (Player Medical Release Form, Medical History Questionnaire and Player Code of Conduct) All United players will need to turn in paperwork to camp staff at check-in for the united administrator to carry. All paperwork for regional pool players will need to be left at the camp office for the Regional Pool Camp.**
- 10 current, correct, complete rosters.
- Disclosure Forms from each team adult.
- Administrative Camp Book
- Extra Money (to replace meal cards; buy towel(s) if players forget, etc.)
- Notebook, paper
- Stick pins, marking pen(s), scotch or masking tape, scissors
- Sunscreen, mosquito repellent, band aids, kleenex, baggies for ice bags, safety pins, sewing kit
- Alarm clock, hangers, can opener
- Rain gear / rain poncho / umbrella
- Bring sheets (dorm size) pillow case and towel. (Pillow and blanket will be provided).

We think you'll have a great experience. We're glad you are coming to camp as a team manager.

## **STATE ODP ADMINISTRATOR CHECKLIST**

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**GIVEN TO** the State Administrator or designee at the ODP Camp meeting:

- A copy of the State Administrator Camp Handbook.
- A copy of the Player Camp Handbook to reproduce for the all team managers and players.
- A CD, complete with both Handbooks, and all required forms for Camp.

**TO DO** Checklist (for the administrator to do or to make sure gets done on time):

- Email, mail or Fax the CAMP COMMITMENT FORM by: **APRIL 1<sup>ST</sup>** to Joyce Bordley.
- CAMP FEES DUE: MAY 1<sup>ST</sup> to Region IV office.
- E-Mail current, complete, and accurate ODP Player ROSTER and Flight info to Joyce Bordley no later than 10 days before each cycle. Be sure to use the players by their birth names; names must match travel IDs.
- **Mail a check for the outstanding camp fees to the Regional Office no later than MAY 1st. Mail checks to:**
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Region IV Girls ODP Camp  
P.O. Box 901778  
Sandy, Utah 84090

- Assure that each player, coach, and manager gets a copy of the appropriate Camp Handbook by the first week in June. The player Handbook will also be posted on the Region IV website.
- If and/or when you have player changes; E-mail all changes to Joyce Pineda, immediately. Substitution of players is acceptable; however, reduction in team numbers from the April 1st roster will result in NO Refunds. However, if a player is injured/or too ill to attend Camp and cannot be replaced, please forward immediately a copy of the Physician's report to the Region IV office and bring one copy into camp, so that a refund can be processed. This must be done, by the first day in the cycle that the player is scheduled to attend.
- Make sure all team, united player, and invitational players travel arrangements have been taken care of. 2:00 pm to 6:00 pm check-in; noon check-out.

**CAMP CHECK-IN REQUIREMENTS:** Each Team Manager shall come to camp with a 3-ring binder containing a complete set of paperwork for each player of the following: (in the order as shown):

- Player Medical Release Form (Must be an original copy)  
Photocopy of the Player's Medical Insurance Card
  - Medical History Questionnaire
  - Region IV Player Code of Conduct
  - Publication Release
- **Forms shall be current**, complete and legible (preferably typed). Please have each player's forms in a plastic sleeve and arranged in numerical order, matching the roster, a copy of which shall be included at the front of the binder. If all 3 forms are not provided and/or not complete, the player will not take the field until the team manager has provided the missing information. (All forms MUST be current 2010)
  - Make sure each team manager will provide 10 copies of the current, complete, correct team roster at check-in.
  - Make sure all team adults fill out the Employment\Volunteer Disclosure Statement and the team managers hand them in at camp check-in.
  - Transportation: States shall arrange for their own team transportation. A team is encouraged to have at least one car on site for medical services, errands, and any free-time activity.
  - Parking Permits: Parking permits are not required on campus during the summer. (Players may not drive during camp.) However, gold parking lots, metered and handicapped spaces will be enforced and ticketed.

**U17 Invitational Players will receive a Region IV ODP Camp packet with their invitation to camp.**

Much of the information in this packet will not apply that specific cycle of camp.

## CONTACT DIRECTORY

### Administrators

(925)	286-2580 (C) 426-9473 (F)	Joyce Bordley, Region IV Girls ODP Administrator 2627 Cherry Hill Dr. Discovery Bay, CA 94514	joyce.bordley@regioniv.com jbordley@cysanorth.org
(858)	518-4729 (C)	Platini Soaf, Region IV Girls Head Coach	Platini.soaf@regioniv.com
(910)	850-1753 (C)	Cherry Murphy, Region IV Camp Director	odpgirlscamp@regioniv.com

### Region IV Office

(801)	733-4346 733-4661 (F)	US Youth Soccer Region IV P.O. Box 901778 Sandy, Utah 84090	rivoffice@regioniv.com
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### University of Idaho

Camp Office phone number and fax number will be posted on the Region IV website before camp begins!  
Emergency

(208)	9-911 885-7074 882-2677 882-2216 882-4511	Police, Fire, Ambulance Campus Police Moscow Police Dept. Latah County Sheriff's Dept. Hospital – 700 South Main
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**GAME LINE-UP SHEET**

Date: \_\_\_\_\_ 94's \_\_\_\_\_ '95s \_\_\_\_\_ '96s \_\_\_\_\_ '97s \_\_\_\_\_

Time: \_\_\_\_\_

State: \_\_\_\_\_ Opponent: \_\_\_\_\_

Jersey Color: #1 \_\_\_\_\_ #2 \_\_\_\_\_

	<b>Player's Name</b>	<b>Jersey No.</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____

**Substitutes:**

12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____



STATE

LOGO

Manager

STATE

LOGO

Coach

STATE

LOGO

Player Names

2010



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 \_\_\_\_\_

**SAMPLE**

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 \_\_\_\_\_

2010

**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 2 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 bones, 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 \_\_\_\_\_  
(Do not send a copy of your complete shot record)

**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 Olympic Development Program
Proud Member of the U.S. Soccer Federation, Inc.

Participants Agreement to Accept and Abide by Rules of the Program
2010

Players, coaches and chaperones 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 soccer 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 Olympic Development Program.

I. GENERAL GUIDELINES:

Participants 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 participant is expected to dress appropriately as befits representing US Youth Soccer or as directed by the Coach.

Respect for property of others, adherence to the 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 [drugs, alcohol, or, in the case of minors, tobacco] 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. Zero Tolerance on Hazing: defined as any activity that endangers the physical safety of another person, or produces mental or physical discomfort; causes embarrassment, fright, humiliation, or ridicule; or degrades the individual is cause for dismissal from the program and other programs of US Youth Soccer.
5. Failure to comply with any and all camp or team 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.

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

(Please Print Participant's Name)

(Please Print Parent's or Legal Guardian's Name)

Signature Date

Signature of Parent/Legal Guardian Date

2010



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 \_\_\_\_\_ **SAMPLE** \_\_\_\_\_ (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

2010



**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 HS 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 \_\_\_\_\_

**SAMPLE**

**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: \_\_\_\_\_ 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: \_\_\_\_\_