

# 2011



**Olympic Development Program**

# **GIRLS ODP CAMP PLAYER HANDBOOK U17 Invitational Camp**

**University of Idaho**

**Moscow, Idaho**

2011 REGION IV GIRLS ODP CAMP  
University of Idaho

Selected Soccer Player,

Congratulations on being selected to represent your State Team as a part of the Region IV Olympic Development Program. This already means that you have put yourself in a position to be one of the BEST players from your state. What a fantastic accomplishment! Hopefully you have taken a little time to reflect on this achievement, but now you are ready to work towards taking your game to the next level.

When I say the next level I mean that in two ways. First, every one of you could and should dream of representing Region IV on one of our Regional Teams, but second I hope that you aspire to learn new tactics, work on your skills and improve your overall game. This is also what I mean by taking your game to the next level. My goal is to challenge you by creating an environment that takes you out of your comfort zone. You need to be challenged in every aspect of your game. The greatest athletes in the world put themselves in places where they don't always feel comfortable. This is what makes them better.

I believe that once again we have put together one of the best coaching and administrative staffs in the country. Many of our coaches that you will be working with come from some of the best colleges, universities and clubs in the Region. These coaches are selected because they will not only work with you on the field to become better players, but also help you to grow and develop in all aspects of your game.

Many of you have been to camp before, but for others this will be your first experience with an ODP camp. Please be prepared for all aspects of camp. The days are often hot and long. Practices and games can be grueling. You will have additional team functions that you are required to take part in. But, **MOST OF ALL YOU WILL HAVE FUN!!**

Again, I want to congratulate each and every one of you for your hard work and dedication to the game thus far. I anticipate an awesome week of camp and I look forward to checking in with many of you returning players and seeing what a year of soccer has done for you and I also can't wait to meet many of your new players who will be experiencing their first Region IV Olympic Development Camp. Let's make this one the best ever! Good luck to all of you and I look forward to seeing you at ODP Camp

Platini Soaf  
Girls Head Coach  
Region IV Olympic Development Program

# Olympic Development Program

## PURPOSE

The Olympic Development Program was formed to identify a pool of players in each age group from which a National Team will be selected for international competition; to provide high-level training to benefit and enhance the development of players at all levels; and, through the use of carefully selected, licensed coaches, develop a mechanism for the exchange of ideas and curriculum to improve all levels of coaching.

## PHILOSOPHY

The purpose of the Olympic Development Program is to identify players of the highest caliber for U.S. National Teams. It is therefore believed continued consistent identification of this caliber player will lead to increased success in the international arena.

## HISTORY

In 1977 it became evident to then United States Youth Soccer Association (US Youth Soccer) Chairman, Don Greer, that with the vast geographic area of the United States and the meteoric rise in membership, some method had to be devised to identify the especially gifted soccer players who were potential National Team members. Thus, the original USYSA Select Team Program was formed with Peter Jebens as the first National Chairman.

Following the format of other USYSA committees, one member was appointed from each of the four Regions. This committee then met and formulated the basic policies for the Program. The primary purpose then, as now, was to identify and then train a pool of players to represent the United States in international competitions for youth national teams.

In 1979 Ozzie Gencoz of Seattle, Washington replaced Peter Jebens as National Chairman, and from his professional background as an aeronautical engineer came flow charts, multi-year plans and an expanding organization for the Select Team Program. State Associations were encouraged to develop programs which supported and worked in tandem with National and Regional programs. 1982 saw the beginning of a formalized program for girls with the addition of a full committee (one member from each Region), also under Ozzie Gencoz's direction.

From 1982 until the present, international events for youth national teams have increased substantially and the US Youth Soccer Select Team Program has kept pace by instituting trials and player pools for five age groups in the boys' program, and three age groups in the girls' program. Also keeping pace with current needs was the renaming of the program, first to "Junior Olympic Development Program" and then to "Olympic Development Program" as it is known today.

## CURRENT ORGANIZATION

There are two National Chairmen, one for the girls' program and one for the boys' program, each with a committee comprised of one administrator and one coach from each Region. Within each Region, each State Association has an Olympic Development Administrator and State Select Team Coach. States conduct five programs for boys (13, 14, 15, 16 and 17 years of age) and five programs for girls (13, 14, 15, 16 and 17 years of age). The selection process requires a player to comply with his or her State Association's requirements for tryouts and, if successful, will be named as a member of the State Team. Regions conduct camps and/ or competitions for the State Teams from which a Regional Team is selected. The National Team Program utilizes a National Camp and/or Competition for the four Regional Teams where the United States Soccer Federation (USSF) National Coaches select a player pool for their respective USSF National Teams.

**Additional information can be obtained by calling  
US YOUTH SOCCER  
1-800-4-SOCCER**

## 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 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, Idaho

Camp Dates: June 28-July 3, 2011

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

Player Mailing Address: This will be listed on the Phone and Address Directory

Phone Numbers: Will be posted on the Region IV website before camp begins.

Registration/Commit: The Registration/Commit Form is due to Joyce Bordley by April 29th. Players, who have been invited and chose not to participate, will be moved off the invitation list so we can invite additional players to attend. This form is **DUE: April 29<sup>th</sup>, 2011.**

Player Eligibility: All players attending U17 Invitational Camp must have been in the 2010 1994 Regional pool or on Recommendation. All players attending must attend with the age group of their birth year.

Camp Costs: **\$525.00** per player. Payment is due and payable to Region IV Girls ODP. Camp Payment is due by: **June 1<sup>st</sup>, 2011.** Camp payment must be received at the following address:  
US Youth Soccer-Region IV Office  
Girls ODP Camp  
PO Box 901778  
Sandy, UT 84090

Credit card payment can be made off the Region IV website at: <https://www.regioniv.com/odpcreditcards.htm>

Regional Pool: U17's will not be held over for any additional days. However, Regional Pool camp must be attended by all players. **Regional Pool Camp is: July 25-29, 2011.**

Regional Pool Camp: **\$375.00** per player for Regional pool Camp. Payment can be made by check, Master card or Visa to the Region IV Office (same address as above)

Transportation: You will be responsible to arrive and check into camp at the appropriate time or to purchase an airline ticket and arrive at the Spokane Airport at the appropriate time. For those of you flying, the region will provide transportation to and from the Spokane Airport on arrival and departure dates (ONLY). If you are **driving** you will need to check in at

the University of Idaho no earlier than 2:00 pm and no later than 4:00 pm on June 28<sup>th</sup> and be picked up by 12:00 noon on July 3<sup>rd</sup>.

If you are **flying** in, you must fly in to the Spokane Airport anytime between 11:00 am and 2:00 pm. If you chose to arrive earlier than 11:00 that will not be a problem, you will just need to wait for our staff to arrive. Those flying home must have a departure ticket no earlier than 2:00 PM and no later than 6:00 pm. on July 3<sup>rd</sup>. Please remember that players will not be permitted to drive while at camp.

If you have additional questions regarding camp transportation, please contact me by email at [jbordley@comcast.net](mailto:jbordley@comcast.net). Or [jbordley@cysanorth.org](mailto:jbordley@cysanorth.org)

Camp Forms: Do not fax or email these in advance, as we need originals. Please bring all the camp forms with you to check-in. Camp forms are posted on the Region IV website at: [www.regioniv.com](http://www.regioniv.com)

## **REGIONAL CAMP STAFF**

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### **Administrative Staff:**

The regional administrative staff members are an experienced group with years of collective experience. Each has been on the regional camp staff for several years. Most have held key positions in their own states and have been trip administrators for regional team travel. They will be joined by equally capable administrators from the various states in Region IV in providing a safe, productive, and fun environment.

The administrators have the players' and coaches' welfare as their foremost objective and are on call at Camp 24 hours a day. Any questions your own state administrators and team managers cannot answer can be directed to the following:

### **Regional Coaching Staff :**

#### **Girls ODP Regional Head Coach**

#### **Platini Soaf**

*Platini Soaf has been a coach for 20 years at all levels of US women's Soccer, and has international experience in coaching, administration and training in Mexico, Brazil, France, Canada, Japan, England, Morocco and Germany, as well as boy's and girl's Olympic Development Program coaching and training in the United States. Platini has been an assistant with the Women's National team for an event in Canada and Minnesota 2001. He has also been involved with UCLA's soccer program and was an assistant coach of Mexico Women's National team 1999 World Cup.*

*Platini is currently a professional coach of several teams for the West Coast Futbol Club. Platini has a USSF National "A" Coaching License and National Youth License.*

All of our Region IV ODP Coaches are certified and licensed coaches. The minimum coaching license that our coaches must hold is a US Soccer "B" license, while most of the staff have an "A" license or the NSCAA equivalent. The majority of our staff has also participated in their state ODP programs at some time. Every coach is given approval through their state Director of Coaching before they are allowed to become a part of our staff.

Our coaches have an incredible knowledge of the game, with many of them coming from the top universities, colleges and clubs within the Region. Every single coach strives to make the Regional Camp experience a memorable one for the state team players.

## **REGION IV GIRLS ODP AGE-GROUP TRAINING PRIORITIES**

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The following training priorities are basically the same as they have been the past few years. They have been updated with information gathered from the Age-group coaching staff at regional and national events throughout the year. It is recommended that all state coaches use these guidelines in preparing their teams for competition and during any player development sessions within their states.

### **VITAL CONSIDERATIONS FOR ALL AGE GROUPS:**

1. All practices must be made competitive so that players develop in an environment that challenges them to perform techniques and make decisions under pressure. Coaches must expect and demand this in their practices, it does not "just happen."
2. The overall fitness level of our players is good and we need to strive to keep it at a high level. Players must be introduced early to the importance of fitness to performance and injury prevention. They must adopt good training habits early in their playing careers. Especially important to the female athlete are their eating habits in relation to their training habits. We encourage coaches to have a specialist talk to their teams about amenorrhea, osteoporosis, and other conditions concerning female athletes.
3. Our players must be educated on how to rest and why they need rest during demanding events such as the State Team Tournament. They also need to learn how to entertain themselves when they are separated from television and other luxuries they are used to at home.

### **U-17: Invitational Camp**

In an effort to support our oldest Age Group at camp we are moving in a direction that will allow our Regional Coaches to work closely with all of the players. We have designed a program where all players will be scrambled within the Region and then coached by the Regional Staff . Players will train and compete as part of a scrambled team.

Focus on functional play and team tactics.

High priority: Roles of players within the team, offense v. defense (match-related), crossing and finishing (Quality and timing), heading/attacking air balls, team defending and transition.

Lower priority: Individual skills should be addressed in warm-up.

GK: Ball handling, breakaways, crosses, distribution, playing with feet, role as last defender.

## **U17's**

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- **Uniforms:** No "Uniform" is required. Bring black shorts and white soccer socks. Training bibs will be issued to you to wear for practices and matches while you are at camp, and match jerseys will be provided by the region if needed.

## **Regional Pools**

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There will be a regional pool named and announced on the last day of camp for each cycle. Players named to the pool will be expected to attend Regional Holdover Camp, July 25-29, 2011 in southern California (exact location TBA) unless, an injury or illness requires the player to stay home or a player is registered to a team that has qualified for the National Championships (NCS). All players making the regional pool will be sent home a packet that will detail regional pool expectations and activities for the year. The U17 Regional pools will be named for the following birth year, players born in: 1994 (U17) in most cases.

## ODP CAMP EXPECTATIONS

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You are expected to follow all camp rules listed here and those posted at the University. **Failure to follow rules may result in your removal from Camp (and/or the Olympic Development Program) at your parents' expense.**

1. Remain at the regional camp at all times; permission to leave the University must be obtained from your coach/manager only. Once you have arrived at the University campus, you will not be allowed to drive at any time. You may not leave campus with parents or with friends. These rules also apply to pool holdover time.
2. Follow the Code of Conduct in all matters, including use and/or possession of tobacco, alcohol, or drugs.
3. Be responsible for your own behavior (the expectation: that you will be perfect) and for knowing the schedule.
4. Do not change rooms without formal permission from both the team manager and Camp Director; rooms were pre-assigned and directories prepared. After 10:30 p.m. you may not roam, talk on the phone, or sleep in another room. This will include calls on your cell phone. Please note that the Camp administration will retain the right to confiscate cell phones if the player abuses their use privilege.
5. Be with at least one other player at all times.
6. Treat others with respect. Do not damage or remove the University's or a fellow player's property. Do NOT enter another player's room during her absence. Respect the privacy and sleep time of others.
7. Be on time. Arrive before the scheduled start time for all activities.
8. Observe curfew: In your rooms by 10:00 p.m. "Lights out and everyone quiet" at 10:30.
9. Keep your room and belongings in a neat manner; clean up after yourself in the bathrooms.
10. Do not abuse the elevators by overloading them or holding open the doors. If the elevators are broken they may not be fixed.
11. Report all injuries to camp trainers and all illnesses to state team staff (regional staff during pool week).
12. At checkout your room must be neat, with all trash removed and all bedding accounted for.
13. Do not wear cleats, bounce balls, or play ball games in any of the buildings.
14. Do not remove or change any of the camp signs.
15. Dress appropriately at all times; **pajamas, boxers, tank tops etc. are not allowed except on your dorm floor.**

## UNIVERSITY REGULATIONS & SAFETY INFORMATION

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### Regulations

Do not burn any substance in the residence halls. This includes but is not limited to candles, incense, and cigarettes.

Respect one another as well as the property. Behavior causing another person or staff member to feel that he or she is in jeopardy by acts (verbal or other) is not tolerated.

The use of alcohol on the premises will mean immediate dismissal.

Individuals who damage buildings or facilities will be asked to replace, clean up, and/or pay for the damages. Vandalism is an unacceptable behavior.

Do not throw, drop, or propel any objects (including fluids) or climb between windows. This is not only a University regulation but also a City ordinance.

Individuals who misuse the elevators by jumping, overloading, and joy riding will have to pay for the damages and will lose elevator privileges.

Storing, using, and conveying fireworks of any kind in the residence halls or the surrounding areas is prohibited.

### Safety Tips

**FIRE:** In case of a fire alarm or smoke, evacuate your area using only the stairs. Do not use the elevators. Move away from the building to a safe distance. Do not re-enter the building until instructed by official personnel.

**ELEVATORS:** If you are caught in an elevator, do not attempt to pry open the doors. Remain calm and push the emergency button. Emergency personnel will immediately respond. Do not push the emergency button unless it is an emergency. The button will also notify the Moscow Police.

For your protection, residence hall personnel provide 24-hour staffing from the Central Office, including night security who visit the hall on a routine basis.

## PARENT INFORMATION

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- The camp staff is highly experienced, and our main concern is the welfare of the players. Camp staff will be on campus and on call 24 hours a day. Camp office phone numbers will be posted on the region iv website before camp begins.
- Regional staff administrators and coaches believe that this camp experience is an opportunity for players to exercise responsibility and accountability. Please carefully review this entire booklet with your daughter.
- Parents are welcome to observe training sessions and/or games. Please do not approach any player or coach during a session or game. And please observe from any areas that may be designated for parents.
- Players are not allowed to have visitors in the dorms or to leave the facility with you or with a friend.
- For parents who are planning to observe workouts and games, the practice and game schedules will be posted daily. Please do not enter the dorms to ask about schedules.
- Players will have time to make short calls home and will call at the end of the camp cycle if they have been selected to stay additional days as part of the regional pool for their age group.
- **Bed linen will not be provided (sheets, pillowcase, and towels); you must bring your own. However, Pillows and blankets will be provided by the University.**
- Camp trainers will provide routine taping; however you need to bring the tape and pre wrap.
- Your child will need to pay a \$10 replacement fee for a lost meal card.
- Please send a signed permission slip authorizing camp staff to administer medication if any is prescribed by the player's doctor.
- If a major injury should occur, staff will first take care of the player and then call the parents.

## PLAYER INFORMATION

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*Important: Players should review this entire booklet and then bring it with you to camp.*

- **PLEASE do not come to camp if you are sick or injured. Your healing is very important, and you will surely drain the time and energy of trainers, coaches, administrators, and players. You cannot be expected to play at your best if you are injured.**
- Please accept rules and expectations in the proper spirit. We are concerned first with your health, safety, and welfare, with a fun and productive time for all. Please respect the fact that you are guests of the University of Idaho.
- **Start drinking lots of water 3 weeks before coming to Camp, and plan to drink lots during.** Please pack and use sunscreen.
- **Bed linen will not be provided (sheets, pillowcase, and towels); you must bring your own. However, Pillows and blankets will be provided by the University.**
- The dorms are all equipped with air conditioning.
- Region IV, the coaching staff, and the camp staff are not responsible for lost or stolen items. Please clearly mark your possessions and do not bring expensive items or large sums of money to camp.
- Consider bringing a book or something to occupy you during times when no activity is planned; only iPods/iPads with headphones will be allowed.
- Bring a small 3-ring binder for notes, this camp book, and handouts.
- 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.
- You cannot bring backpacks, gear bags, or containers into the cafeteria. Food and/or food service supplies may not be carried out of the dining room.
- Food may NOT be ordered from off campus and delivered to the dorm.
- There are no phones in the rooms, so cell will be permitted. Phone calls will not be allowed after lights out. Please note that the Camp administration will retain the right to confiscate cell phones at night or if the player abuses their use privilege. Region IV will not be responsible for lost of any cell phones.
- Communicate (at the earliest possible time) any problem to the person who can do something about it. It is extremely important that you communicate with your team administrator or a camp staff member. We want everyone to have a positive camp experience while in Idaho. If for any reason, you feel the need to contact me at anytime, my cell number is available.

## CLOTHING & EQUIPMENT CHECKLIST

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The following is a guideline for what to bring with you. Use this not only as a checklist when you pack to come to Camp but also to remember what you should be packing up to leave Camp with.

Mark everything with your name. Remember not to bring expensive items or large sums of money.

***\*BRING YOUR CAMP MANUAL TO CAMP WITH YOU!***

### Soccer Equipment:

- SOCCER BALL (mandatory)
- Running Shoes
- Soccer Cleats
- Black Soccer Shorts
- White Soccer Socks (4-6 pair)
- T-shirts (4-6) White/Black
- Warm-ups
- Sweatshirt
- SHINGUARDS (mandatory)
- Rain gear (optional)
- Backpack (field use)
- Shoe cleaning equipment
- Keeper gloves/pant/shorts

### Clothing Items:

- \*Jeans/slacks
- \*Light jacket
- Sleepwear
- \*Shoes/sneakers/sandals
- \*Shirts
- Hat
- Swimsuit (pool workouts)

### Toilet Articles:

- Comb/brush
- Shampoo/soap
- Deodorant
- Shower shoes (flip-flops)
- Toothbrush/paste
- TOWEL(s)
- Feminine supplies
- Shaving items

### Laundry Supplies:

- Detergent (can purchase)
- Mesh-laundry bag

### Miscellaneous Items:

- WATER BOTTLE (mandatory)
- \*\*\* **Sheets, pillow case & towels** \*\*\*
- Spending money (personal snacks/sports drinks)
- Stationary/envelopes/stamps
- Pen/pencil
- Small 3-ring binder/paper
- Phone numbers
- ALARM CLOCK (other than your cell phone)

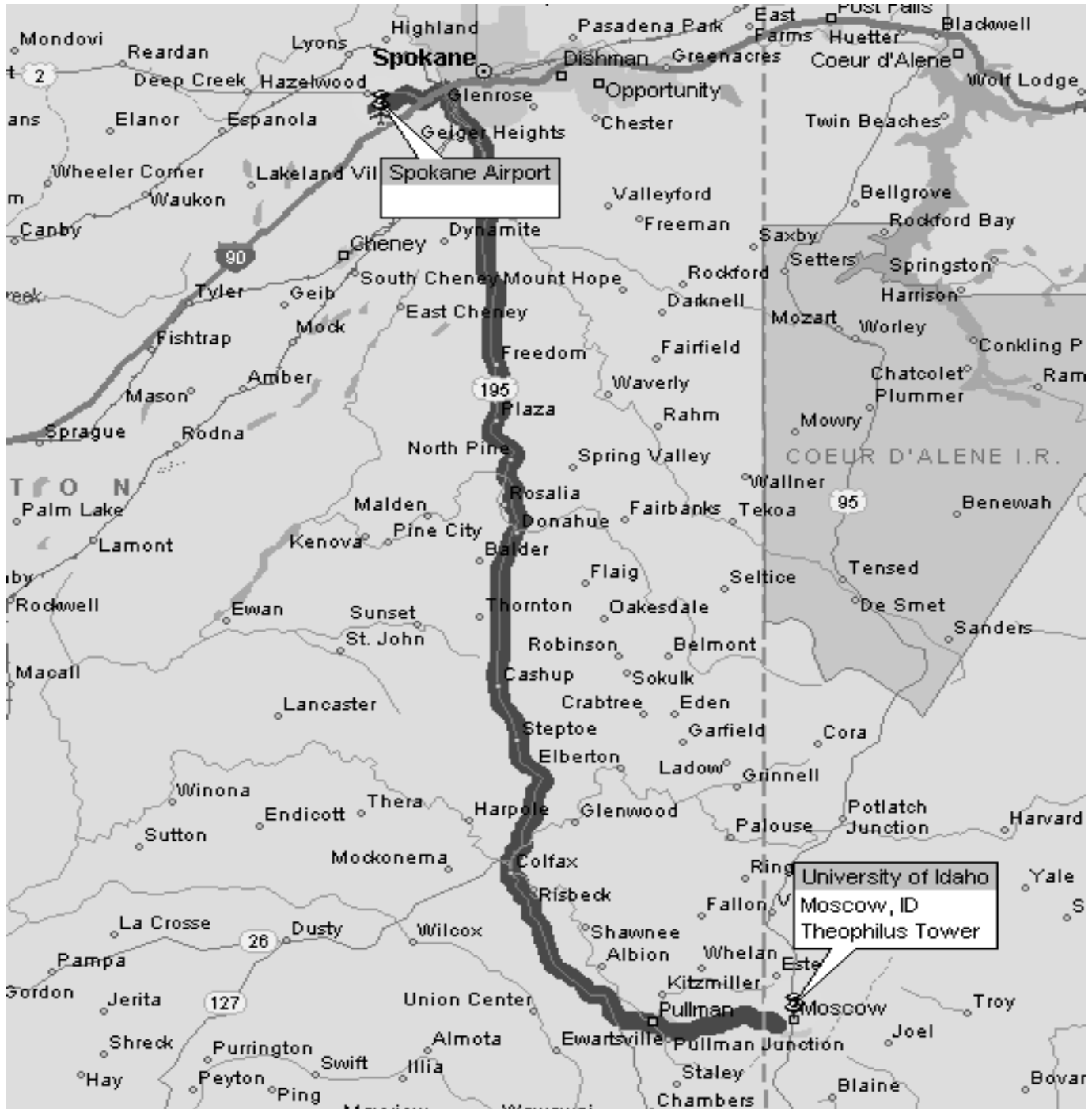
***\* You will need very little non-soccer clothing while at camp***

### Medical Supplies:

- Prescribed medication (for the week)
- Parent permission slip authorizing dispensing and clear written instructions
- Sunscreen--a must
- Mosquito spray
- Tape/prewrap (if needed for routine taping)
- Inhaler (exercise-induced asthmatics)

## DRIVING DIRECTIONS FROM SPOKANE

From the Spokane airport follow I-90 east to State Highway 195 south. Follow 195 for 71 miles to Highway 270, the turn off to Pullman, WA. Follow Highway 270 through Pullman another 11 miles to Moscow, Idaho. Turn right on West Farm Road and right onto Perimeter Drive onto the University of Idaho campus





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  
2011

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



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

2011



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: (First, Middle, Last)
Home Address:
City: State: Zip: Home Phone ( )
Parent Email address: Alt. Email address:
Parent's Work Phone ( ) Player 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:
\* Please list year, even if not in High School yet
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 ODP Team (yr) Regional ODP Team: (yr)
US National Youth Team: (yr) Regional Camp: (yr)
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:



2011

US YOUTH SOCCER REGION IV OLYMPIC DEVELOPMENT PROGRAM

PLAYER MEDICAL RELEASE FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
(Full name as it appears on birth document)
Date of Birth \_\_\_\_\_ Gender M F
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone Numbers ( ) \_\_\_\_\_ Alt. ( ) \_\_\_\_\_

EMERGENCY INFORMATION

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

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

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

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

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

Allergies \_\_\_\_\_

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

Player's Physician \_\_\_\_\_ 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 \_\_\_\_\_

**MEDICAL HISTORY QUESTIONNAIRE –US YOUTH SOCCER REGION IV ODP**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_

EMERGENCY CONTACT \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ CELL 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. Do you or have you ever had high blood pressure? **NO YES** (List medication) \_\_\_\_\_
9. 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)
10. Do you or have you ever been told by a doctor that you have asthma? **NO YES** (list medication) \_\_\_\_\_
11. Do you or have you ever had a hernia or “rupture”? **NO YES** Has it been repaired \_\_\_\_\_ Date \_\_\_\_\_
12. Have you ever been “knocked out” (unconscious) in the past 3 years? **NO YES** (list dates) \_\_\_\_\_
13. Have you had a concussion or other head injury in the past 3 years? **NO YES** (list dates) \_\_\_\_\_
14. Have you stayed overnight in a hospital due to a head injury? **NO YES** (list dates) \_\_\_\_\_
15. Do you wear glasses or contacts during competition? **NO YES**
16. 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)
17. Have you had a broken bone or fracture in the past 2 years? **NO YES** R \_\_\_ or L \_\_\_  
 What bone(s) \_\_\_\_\_ Dates \_\_\_\_\_
18. 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 \_\_\_\_\_
19. Have you ever had shoulder surgery? **NO YES** R \_\_\_ or L \_\_\_ What was done & why? \_\_\_\_\_ Date \_\_\_\_\_
20. Have you ever injured your back? **NO YES** Type of Injury \_\_\_\_\_ Date \_\_\_\_\_
21. Have you injured your knee in the past two years? **NO YES**
22. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? **NO YES** R \_\_\_ or L \_\_\_  
 Date \_\_\_\_\_
23. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? **NO YES** R \_\_\_ or L \_\_\_  
 Date \_\_\_\_\_
24. Have you ever had knee surgery? **NO YES** R \_\_\_ or L \_\_\_ What was done? \_\_\_\_\_ Date \_\_\_\_\_
25. Have you had a severe ankle sprain in the past 2 years? **NO YES** R \_\_\_ or L \_\_\_
26. Do you have a pin, screw, or plate in your body? **NO YES** Where in your body? \_\_\_\_\_ Date \_\_\_\_\_
27. 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) \_\_\_\_\_
28. **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 \_\_\_\_\_