

# VIKING SOCCER CAMP

Sponsored by the Van Meter Soccer Club

**WHEN:** July 6 – 9, 9:00 – 11:00 a.m.

**WHERE:** Fields behind Casey's in Van Meter

**COST:** \$40.00 (all ages)

All Van Meter Soccer Club teams and coaches are welcome to participate.

**CONTACT:** Blair Reid – 515-263-2964 (office), 515-554-2902 (cell), breid@grandview.edu  
OR Adam Lounsbury – 515-783-7158, adamflounsbury@gmail.com

**CAMP GOALS:** The camp teaches and improves a player's technical and tactical abilities using individual and small-group training.

**ADDITIONAL INFORMATION**

- All sessions will be directed by Blair Reid and Al Driscoll, men's soccer coaches, at Grand View. Additional coaching staff includes Grand View soccer players.
- Each player receives a camp shirt.
- Each player should bring a soccer ball and container of water to camp each day.
- Check @gvumenssocer on Twitter for camp updates.



**CAMP DIRECTOR**

Blair Reid, entering his 36th season as men's head soccer coach at Grand View University, has a record of 438-242-37. At Grand View he has coached the Vikings to one HAAC Tournament Championship, 16 Midwest Collegiate Conference Championships, 14 MCC Tournament Championships, seven NAIA District 15 Championships, one NAIA Region VII Championship and 13 National Tournament appearances, including the Final Four in 2016. He has been named NAIA Region Coach of the Year five times, MCC Coach of the Year nine times, and District Coach of the Year seven times. He has coached 53 All-Americans and 50 Academic All-American Scholars during his tenure.



Reid coached USL member the Des Moines Menace from 1994-1997. In 1995 the Menace qualified for the PDL's prestigious National Tournament. At the time Reid was voted PDL National Coach of the Year. He was also head boys' coach for Dowling High School in West Des Moines 1985-1993, amassing a 125-25-12 record.

A native of Edinburgh, Scotland, Reid graduated from New York State University at Brockport in 1975. In 2001 he was inducted into the Iowa High School Soccer Coaches Hall of Fame. Reid was instrumental establishing soccer as a state-sanctioned high school sport in Iowa.

**CAMP REGISTRATION – VAN METER CAMPS (Online registration available at [www.vikingsoccercamps.com](http://www.vikingsoccercamps.com))**

Send completed registration form(s) and fees (checks payable to Grand View University) to: Blair C. Reid, Grand View University, 1200 Grandview Avenue, Des Moines, IA 50316-1599  
Registrations accepted until first day of camp.

\_\_\_\_\_

Participant \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

T-Shirt size circle one YS YM YL Adult sizes: S M L XL

**Emergency contact**

\_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Contact's phone number \_\_\_\_\_

Medical information we should know \_\_\_\_\_

\_\_\_\_\_

**WAIVER AND RELEASE**

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

\_\_\_\_\_ Date

Camper Signature

\_\_\_\_\_ Date

Parent/Guardian Signature

**HEALTH STATEMENT/MEDICAL AUTHORIZATION**

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

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

\_\_\_\_\_ Date

Parent or Legal Guardian Signature

\_\_\_\_\_

Health Insurance Company

\_\_\_\_\_

Policy Number