

## The Coaches

### Ryan Crabbe –Saint Mary’s Head Coach/ Camp

#### Director



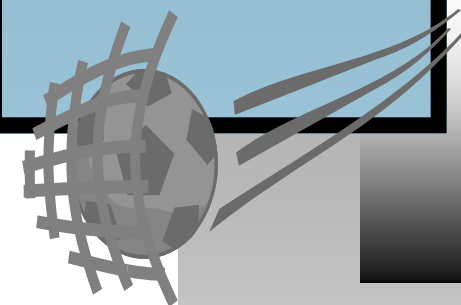
Coach Crabbe is in his first year as the head coach at Saint Mary’s College. Prior to coming to Saint Mary’s, Coach Crabbe was the assistant coach at Columbus State University for 3 1/2 years. In addition to his duties at Saint Mary’s, he is the Director of Coaching for NIFA/ Jr. Irish soccer head coach of the Indiana ‘92 Girls ODP teams, and teaches coaching courses for IYSA. He currently holds his U.S.S.F. “A” license. Coach Crabbe has been involved with summer soccer camps for over 16 years. Previous camps include Notre Dame Camp for girls, Duke University, Clemson University, University of Georgia, Ralph Lundy Soccer Academy, University of Tampa Soccer Camp, and Columbus State University Camps. He played college soccer at Augusta State University. Coach Crabbe has his undergraduate degree from Georgia State University, and his M.Ed from Columbus State University.

**Additional Camp Staff**– Coach Crabbe will be assisted by current Saint Mary’s Soccer Staff, local area college players, and local area coaches.

Ryan Crabbe  
542 Calhoun St.  
Mishawaka, IN 46545

# 2009 Summer Soccer Academy

at Saint Mary’s College  
for Boys & Girls  
Ages: 5 - 14



Session 1– June 8-11, 2009

Session 2– June 15-18, 2009

Half Day & Full Day Available for both Sessions

**10% Discount for Registration Received By**

**June 1, 2009!!**

**Tel: 706-536-0390**  
**Email: arcrabbe@yahoo.com**

## Camp Objective

The Summer Soccer Academy is designed to teach the skills and techniques necessary to being a successful soccer player. Both beginner and experienced players will be challenged in training to improve upon their existing playing ability and build foundations of greater soccer skill. Emphasis will be placed on technical training with the ball, tactics, and small group concepts. Each session will focus on various areas of the game from; dribbling, finishing, passing, receiving, possession, and goalkeeping. Please call Ryan Crabbe at 706-536-0390 for more information on enrollment or contact him via email at [acrabbe@yahoo.com](mailto:acrabbe@yahoo.com)

## Daily Camp Schedule

8:45-9:00-	Check-in
9:00-9:45-	Warm-up/ Large Group Activities
9:45-10:45-	Skill of the Day
10:45-11:00-	Snack Break
11:00-12:00-	Small Sided Games
12:00-1:00-	Half Day Campers Released/ Full Day Campers to Lunch
1:00-2:00-	Large Group Activity/ Skill of Day
2:00-3:00-	Afternoon Games/ Tournament
3:00-	Full Day Campers Released

## Fees & Registration Deadline

- **Half Day-** \$125 (includes t-shirt)
- **Full Day-** \$150 (includes lunch & t-shirt)

## Check In Procedures/General Information

Campers should report to the Saint Mary's Soccer Field. In the event of inclement weather on the first day of camp, please call 706-536-0390 or report to the soccer complex.

Campers should bring the following items to camp: Soccer Ball, Cleats, Tennis Shoes, Shinguards & Snack, Waterbottle.

## Registration Information

To register, submit the following:

- Completed registration application, medical information and consent to enroll form
- Full Payment (Make Checks Payable to: Ryan Crabbe Summer Soccer Academy)

Mail in the completed registration form with payment to:

Ryan Crabbe  
542 Calhoun St.  
Mishawaka, IN 46545

### Summer Soccer Academy Registration

- ◇ **Half Day-** \$125 (includes t-shirt)
- ◇ **Full Day-** \$150 (includes lunch & t-shirt)
- ◇ **10% Discount for all registrations postmarked June 1, 2009**
- ◇ Please Note Which Session You Are:
- ◇ Session I
- ◇ Session II

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mother/Guardian: \_\_\_\_\_  
Circle one: business/pager/cell ( ) \_\_\_\_\_  
Father/Guardian: \_\_\_\_\_  
Circle one: business/pager/cell ( ) \_\_\_\_\_  
Age: \_\_\_\_\_  
E – Mail: \_\_\_\_\_  
Years played Soccer: \_\_\_\_\_

### **Medical Information**

Our camp staff will stress safety at all times. Any medical problems that may prohibit a player from participating in a particular activity should be reported to the camp director in writing before camp begins. Allergies and other conditions should also be brought to the attention of the camp staff. Please complete the medical information and waiver form.

### **Permission and Medical Information**

Emergency contact and/or name of person(s) authorized to pick up student (in case parents are unavailable):

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

Phone #: \_\_\_\_\_

What medical problems, including allergies, does your child have that should be made known to the program staff?

\_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_

If yes, what type of medication? \_\_\_\_\_

In case of emergencies, does program staff have your permission to seek emergency medical treatment, including (1) transporting your child to a hospital emergency room and (2) calling the local rescue squad or ambulance?

Insurance Company: \_\_\_\_\_

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

Physicians Name: \_\_\_\_\_

Phone# \_\_\_\_\_

### **Consent to Enroll Form**

**In consideration of being allowed to participate in any way in the Camp, related events and activities, the undersigned acknowledge, appreciates, and agrees that:**

1. For myself and on behalf of my heirs, assigns, personal representatives, and next of kin, I hereby release and hold harmless Ryan Crabbe, Saint Mary's College, and of the officers, servants, agents, or employees if applicable, owners and lessors of premises used to conduct this camp (releases) with respect to any and all personal injury and bodily injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise that may be sustained by my child/legal ward, while in, on or upon the premises where the camp activities are being conducted.
2. I, as parent/guardian with legal responsibility for this camp participant, do consent and agree to release as listed above all the releases for myself, my heirs, assigns, and next of kin, and agree to indemnify the releases from any and all liabilities incidental to my minor child's involvement or participation in these programs.
3. I further agree to indemnify and hold harmless the releases from any loss, liability, damage to costs, including court costs and attorney's fees, that they may incur due to my child's participation in camp activities whether caused by negligence or releases, or otherwise.
4. I/we, the undersigned, hereby certify that I/we, am/are the parent or legal guardian of the camper named on this form. I/we hereby give permission for the staff of the camp to administer during the period of the camp, appropriate medical attention to my child in the event of accident, illness, or injury. I/we will be responsible for any and all costs of medical coverage and treatment provided to the camper, which is not paid by this camp's excess policy after all other, available personal insurance has paid or declined payment.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without any inducement. I have no knowledge of any physical condition that would prohibit my child from participating in this camp.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

Please detach and return completed registration, medical and consent to enroll form.