



June, 2011

Dear Soccer Camper:

Soon you will be making your final preparations for the start of the 2011 Warhawk Youth Residential Soccer Camp. We are sure that you are anxious for camp and are curious about what you should bring. Enclosed you will find all the information you should need when preparing for camp.

With the staff that we have on hand, you should be able to receive a great deal of individual attention. We are asking each player to bring his own ball for skill purposes. Please make sure to put your name on it for identification. We will have an Adidas Speedcell (retail value \$25) available for purchase at check-in for \$20 for any camper who is interested.

Please remember to bring the enclosed Health History Questionnaire/Consent Form. You will not be allowed to participate in camp activities without this form.

Visitors are always welcome at our university and we encourage your parents and coaches to drop in and see what is going on. Enclosed is also a letter for your parents. Please see that they receive it.

We hope that you are anticipating a great camp. We look forward to seeing you on July 10th!

Bring a: POSITIVE ATTITUDE  
HAVE FUN!!

Sincerely

Greg Henschel, Director  
Warhawk Soccer Camps

Enclosures



**CONTINUING EDUCATION SERVICES**

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790  
Phone 262-472-3165 • FAX 262-472-5241 • E-mail [cesevents@uww.edu](mailto:cesevents@uww.edu)

June, 2011



Dear Parents:

Thank you for providing your child the means and opportunity to attend the 2011 Warhawk Youth Residential Soccer Camp. We are sure that you would like to know more about the camp.

**STAFF:** The staff of instructors is made up of very successful coaches from the high school, club and college ranks. Current and former UW-Whitewater soccer athletes will also be serving as camp counselors and assisting our instructors through out the week on and off the field. These coaches are very personable individuals and want to contribute to your child's betterment as an athlete and as a human being.

**HOUSING:** The campers will be housed in Lee Hall, one of our University's residence halls, and our staff will also be living there during the week.

**HEALTH SERVICE:** Should your child require medical attention, an assessment will be made by the camp health supervisor and appropriate measures will be taken. UW-Whitewater camps have the full cooperation of Fort Atkinson Memorial Hospital and emergency room personnel. Be sure your child brings the enclosed Health History Questionnaire/Consent Form with him to camp. They will not be allowed to participate in any camp activities unless they have turned in this completed form.

**FOOD SERVICE:** During the camp, your child will receive three well-balanced meals each day. They are prepared by our University dietitian and cooks and will be served in Esker Dining Hall. Your child will be issued a meal card, which must be taken to every meal. Should the card be lost or destroyed, a new card will need to be purchased for \$2.00.

**ACTIVITIES:** Your child will have a very full daily routine, carefully planned for them. They will need a minimal amount of money that can be used for the camp store, nightly pizza, student center, bookstore, or miscellaneous expenses.

**SOCCER BALLS:** If you are looking to purchase a soccer ball, we will be selling an Adidas Speedcell at check-in. The ball retails for \$25 but will available for a discounted price of \$20 at check-in. Please note that all players must bring a soccer ball to camp.

We certainly appreciate the opportunity to be able to work with your child. If we can be of any assistance, do not hesitate to contact us.

Sincerely,

Greg Henschel Director  
Warhawk Soccer Camps



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# WARHAWK Soccer Camp

## General Information

- Check-In 4:00pm-6:00pm, Sunday, July 10th  
Lee Hall where you will reside during the camp. Please note dinner will not be served on Sunday evening.
- Check-Out Wednesday, July 13<sup>th</sup> after the awards ceremony at 4:00pm.
- Meal Cards You will be issued a meal card at registration. You must bring the card with you to every meal or you will not be granted entrance to the dining hall. If you should lose the meal card, a replacement can be purchased for \$2.00; replacement cards are issued at Esker Dining Hall where you will be eating.
- Money You are responsible for your own money and personal articles.
- Telephone Should you need to be contacted while you are at camp, you may have your parents call any of the numbers listed below:  
262/472-3165 Continuing Education/Camp Office - 7 am to 4:30 pm  
262/472-3053 Lee Hall Staff Room - 4:30 pm to 7 am (If no one answers, leave a message on the answering machine and your call will be returned by a camp staff member.)  
262/472-4200 Emergency Phone #
- Awards We will have a short awards assembly after the last practice on Wednesday. This will be at 3:30pm in Fiskum Stadium. Your parents are invited to attend. At the conclusion of this meeting, camp is officially over.
- Residence Hall You are not allowed to enter any of the other residence halls on campus.

## 2011 WARHAWK SOCCER CAMP RULES

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. There will be no refund of fees for violation of this policy.
2. All campers are confined to the University campus proper; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you only while you are on campus and for camp-related accidents. If you are a commuter, this insurance will not cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; the University and the camp are not responsible for lost items. KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM COMBINATION OR KEYS WITH OTHERS.
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.

9. Any camper who is ill or injured should first notify instructors if possible. If not, report to training room inside Williams Center.
10. Meals are from 7:15-8:00 a.m., 11:30-12:15 p.m., and 5:15-6:00 p.m. daily.
11. All campers must be in the residence halls before 10:00 p.m. when the doors are locked. Lights in your room should be off by 11:00 p.m. sharp. No individuals from other camps or from the community are permitted in the residence hall without permission of the Camp Director.
11. Any camper who will need to leave a vehicle on campus during camp will be responsible for purchasing a parking permit (\$5.00) and will be required to turn their keys into the Camp Director for the duration of the camp.
12. Check-out time on Wednesday, July 13th is from 4:00pm to 5:00pm.

# THINGS TO REMEMBER

## For Camp

Soccer cleats  
Indoor and/or running shoes  
Several pairs of soccer socks  
GK gloves & jersey (GKs only)  
Several soccer shorts  
Several shirts and/or jerseys  
Rain suit or sweat suit  
Swimming Suit

## Personal Clothing and Packing List

Undergarments  
T-shirts  
Blue jeans  
Light coat  
Pajamas  
Shoes  
Pillow  
Fan (optional)  
Towels  
Soap/Shampoo/Deodorant  
Toothbrush/Paste  
Sun screen/Lotion  
Insect Repellent  
Water/Sport Drinks/Snacks  
Linens (a sleeping bag may be more convenient)

## 2011 Warhawk YOUTH SOCCER CAMP SCHEDULE

### Sunday, July 10th

4:00 - 6:00	Check-in at Lee Residence Hall
6:15 - 6:30	Meeting outside residence hall, dressed for practice proceed to fields
6:30 - 8:00	Training session
8:30 - 9:30	General Camp Meeting Lee Hall
10:00 - 11:00	In Residence Hall & Lights Out

### Monday, July 11<sup>th</sup> (Wear Your Favorite Club Team Jersey Day)

7:15 - 8:00	Breakfast (Esker Hall)
8:30 - 8:45	Meet outside residence hall, dressed for practice proceed to fields
8:45 - 11:00	Training Stations Boys: Shooting, Girls: Dribbling/Passing/4v4 Wembley
11:30 - 12:15	Lunch (Esker Hall)
12:15 - 1:15	Relax - Free Time
1:15 - 1:30	Meet outside residence hall, dressed for practice proceed to fields
1:30 - 3:30	Tactical Training Session Boys Attacking/Girls Defending
4:00 - 5:00	Swimming
5:15 - 6:00	Dinner (Esker Hall)
6:15 - 6:30	Meet outside residence hall, dressed for practice proceed to fields
6:30 - 8:00	6v6 Tournament
8:30 - 10:00	Social Activity/College Prep Discussion
10:00 - 11:00	In Residence Hall & Lights Out

### Tuesday, July 12th (Wear Your Favorite International Team Jersey Day)

7:15 - 8:00	Breakfast (Esker Hall)
8:30 - 8:45	Meet outside residence hall, dressed for practice proceed to fields
8:45 - 11:00	Training Stations Boys: Dribbling/Passing, Girls: Shooting/4v4 Wembley
11:30 - 12:15	Lunch (Esker Hall)
12:15 - 1:15	Relax - Free Time
1:15 - 1:30	Meet outside residence hall, dressed for practice proceed to fields
1:30 - 3:30	Tactical Training Session Boys Defending/Girls Attacking
4:00 - 5:00	Swimming
5:15 - 6:00	Dinner (Esker Hall)
6:15 - 6:30	Meet outside residence hall, dressed for practice proceed to fields
6:30 - 8:00	6v6 Tournament
8:30 - 10:00	Social Activity
10:00 - 11:00	In Residence Hall & Lights Out

### Wednesday, July 13th (Wear Your Camp T Shirt)

7:15 - 8:00	Breakfast (Esker Hall)
8:30 - 8:45	Meet outside residence hall, dressed for practice proceed to fields
8:45 - 11:00	Training Stations Boys: Dribbling/Passing, Girls: Shooting/4v4 Wembley
11:30 - 12:15	Lunch (Esker Hall)
12:15 - 1:15	Relax - Free Time
1:15 - 1:30	Meet outside residence hall, dressed for practice proceed to fields
1:30 - 3:30	6v6 Tournament Finals/ Soccer Olympics (Fiskum Stadium)
3:30 - 4:00	Awards Ceremony in Fiskum Soccer Stadium

\*Upon completion of the awards ceremony, campers may check out at Lee Residence Hall.

# HEALTH HISTORY QUESTIONNAIRE

Participant Name \_\_\_\_\_ Camp/Event \_\_\_\_\_ Camp Dates \_\_\_\_\_

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

Sex ( ) M ( ) F D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Email \_\_\_\_\_

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

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

Address if different than participant's \_\_\_\_\_

Contact person in case of injury or illness. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL HISTORY

### Immunization Record

MMR (measles, mumps, rubella)

Dose 1 - Immunization at 12 months \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dose 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tetanus-Diphtheria

Year of initial series \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Year of last tetanus booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the participant ever had major surgery or been hospitalized? ( ) Yes ( ) No

Please explain any significant operations, accidents, or illness, and last medical attention and reason \_\_\_\_\_

Does the participant have any physical condition(s) requiring special considerations? Explain \_\_\_\_\_

Is participant taking medication? ( ) No ( ) Yes

If YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

( ) Penicillin

( ) Other Antibiotics

( ) Other Medicines (type) \_\_\_\_\_

( ) Insect Bites/Stings \_\_\_\_\_

Has participant had or is presently experiencing the following (check box if YES)?

( ) Allergies

( ) Asthma

( ) Bleeding Disorder

( ) Cancer

( ) Colitis

( ) Diabetes

( ) Epilepsy/Seizures/Blackouts

( ) Heart Disease

( ) Hernia

( ) Other \_\_\_\_\_

( ) High Blood Pressure

( ) Joint Injury/Surgery

( ) Kidney Disease

( ) Menstrual Difficulties

( ) Mental/Emotional Problems

( ) Neck/Back Pain/ Injury

( ) Rheumatic Fever

( ) Tuberculosis

( ) Ulcer

## CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
  - By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
  - By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
  - By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_ PLEASE COMPLETE CONSENT FORM

## CONSENT FOR MEDICATION ADMINISTRATION

### PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

\_\_\_\_\_ No medication has been brought to camp.  
 \_\_\_\_\_ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:  
 \_\_\_\_\_ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it to him/herself. Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 \_\_\_\_\_ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. Please complete the following.

Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

\_\_\_\_\_ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

\_\_\_\_\_ No medication has been brought to camp.  
 \_\_\_\_\_ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

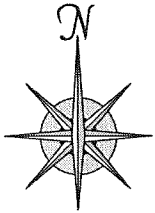
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



22  
LAWSON LOT

**OUTDOOR ATHLETIC COMPLEX**  
FOSTER TRACK  
PRUCHA BASEBALL DIAMOND  
VANSTEENDEREN SOFTBALL COMPLEX  
VARSITY SOCCER FIELD  
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM

STADIUM/  
ATHLETIC BUILDING

STUDENT  
ATHLETIC COMPLEX

PICNIC AREA

UW-WHITEWATER  
NATURE PRESERVE, TRAILS  
& RECREATION AREA

24  
STADIUM LOT

18  
ESKER LOT

19  
TUTT-WELLERS LOT

INTRAMURAL FIELDS

RUGBY FIELD

11  
WILLIAMS CENTER LOT

DAVID L. KACHELDOLK  
FIELDHOUSE  
WILLIAMS CENTER

ESKER DINING HALL

TUTT HALL

WELLERS HALL

WELLS RESIDENCE HALL

KNILANS HALL

POWER PLANT

W. LAUDERDALE DR.

8  
BIGELOW LOT

TENNIS COURTS

9  
WARHAWK DRIVE LOT

CALVARY CEMETARY

17  
FISCHER LOT

LOT 4

STARIN PARK

BIGELOW  
LEE  
FRICKER  
AREY  
BENSON  
CLEM  
DRUMBLN DINING HALL

8  
BIGELOW LOT

7  
STARIN ROAD LOT

VISITOR CENTER

FISCHER

GOODRUE

MORRIS BOOK STORE

CAMPUS MINISTRY

15  
HC LOT

HEALTH CENTER

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14  
STARIN-PRAIRIE LOT

LOT 3

UPHAM HALL

CARLSON HALL

MCCUTCHEAN

ROSEMAN

WINTHER HALL

LITTLE RED SCHOOLHOUSE

LOG CABIN

UNIVERSITY CENTER

HEIDE HALL

FENCE STREET

W. FLORENCE STREET

2  
CARLSON LOT

OBSERVATORY

MACGRAW HALL

12  
LIBRARY LOT

BRICK YOUNG AUDITORIUM  
GREENHILL CENTER OF THE ARTS

ALUMNI CENTER

HYER HALL

ANDERSEN LIBRARY

N. TRAIL STREET

N. PRINCE STREET

WYMAN MALL

N. PRAIRIE ST.

N. ESTERY ST.

US HWY 12

W. MAIN STREET



UNIVERSITY OF WISCONSIN  
**WHITEWATER**  
STAY CLOSE. GO FAR.

