

# 2010 SESSIONS

Holy Names University is located in the hills of Oakland, CA just off Highway 13. The soccer program is hosting fund raising summer camps for the boys and girls of the greater Bay Area. Youth of all skill levels between the ages of 7-13 are encouraged to enroll!



This 5 day camp is open to all boys and girls ages 7-13. Two sessions will be offered this summer that emphasize the basic fundamentals of soccer.

Individual player development is accomplished through individual and small group work with the Holy Names University Camp Staff. Groups are divided by age and skill level so each participant will be challenged and have the opportunity to work on skills that pertain to their level of play. We hope to see our campers return year after year to work on their game in a fun, enthusiastic and energetic atmosphere!

## FOR MORE INFORMATION

**Summer Programs Director: Nick Lusson**

**Email:** [hnu sportscamp@hnu.edu](mailto:hnu sportscamp@hnu.edu)

**Phone:** (510) 436-1491

**Online:** [www.hnuhawks.com/f/Summer\\_Camps.php](http://www.hnuhawks.com/f/Summer_Camps.php)

**Mail:** HNU Summer Sports Camps  
Holy Names University  
3500 Mountain Blvd  
Oakland, CA 94619

**HNU Soccer Camps**  
Holy Names University  
3500 Mountain Blvd  
Oakland, CA 94619

# HOLY NAMES UNIVERSITY

BOYS & GIRLS

## SOCCER CAMP

OAKLAND HILLS, CA



AGES 7 - 13

Session 1: August 2 – 6

Session 2: August 9 - 13

SUMMER 2010

# HOLY NAMES KNOWS SOCCER!



The Holy Names University men's and women's soccer teams are the reigning Cal-Pac Conference championship teams, having both won titles in 2009 and qualifying for the national tournament. Both squads feature an array of all-league and all-American student-athletes.

**Camp Directors:** This year's camps will be run by Nick Lusson, head coach of the women's soccer team, a USSF "A" Licensed coach, and recent recipient of the 2009 Western Region Coach of the Year award. Joining him is the women's assistant Tanya Roberts, a former standout player at UNLV and professional player for several WPSL teams.

**Camp Coaches:** The Holy Names Soccer Camps will be staffed with **current, former and future Holy Names University players** who are eager to share their **passion, work ethic and success** with the youth of the community.



**CAMP COST: \$200 per person**

**\*\*\$25 discount for siblings and multiple camps\*\***

**Ages 7-13**

**Session 1 (August 2 – 6)**

**Session 2 (August 9 – 13)**

**Camp Hours: 9:00 AM – 3:00 PM**

**Pre Care: 8:00 AM – 9:00 AM**

**After Care: 3:00 PM -5:00 PM**

Camp fee includes all instruction. Lunch is not included in fee. Campers are required to bring their own lunch. After-care is not included in fee and is available for an additional \$10 per hour (see below).

**Multiple Camp/Sibling Discount:** Holy Names Soccer Camps encourage campers to attend more than one camp and also bring along a sibling, regardless of skill level. A \$25.00 discount will be given to multiple camps and siblings.

## CAMP HIGHLIGHTS

- Superior instruction
- 10:1 camper to instructor ratio
- 30 hours quality supervision & instruction
- Opportunity to use our full size swimming pool each afternoon
- Daily & weekly contests and prizes
- Daily emphasis on fundamental development, team play and more
- Official HNU camp shirt and soccer ball

## 2010 CAMP REGISTRATION

### REGISTRATION FORM

Please make checks payable to:

**Holy Names Soccer**

Session 1 (August 2-6) \_\_\_\_\_

Session 2 (August 9-13) \_\_\_\_\_

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

Age: \_\_\_\_\_ Gender: M F Grade in Fall 2010: \_\_\_\_\_

Shirt Size (please circle): YS YM S M L XL  
Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

I understand that there will be an optional daily swim hour supervised by certified lifeguards. By initializing the space provided I am giving my child permission to swim. \_\_\_\_\_

**RELEASE OF LIABILITY:** I hereby waive and release Holy Names University from any and all liability for any injuries or illnesses incurred while at camp. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

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

Signature: \_\_\_\_\_

**OFFICE USE ONLY:**

Check # \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Conf. mailed: \_\_\_\_\_