



Dear Goalkeeper,

We are happy to inform you that your registration/deposit has been received and you are accepted to attend **ONEonONE Goalkeeping Camp, July 13-16, 2025** at Elizabethtown College in Elizabethtown, PA.

Listed below is information, which will help your registration and travel go smoothly.

**Check-In is from 5:00-6:30pm, Sunday, July 13, 2025 outside of Brinser Hall.** (A map is provided for you in this packet). Room assignments have been made by our staff. If you have a roommate preference you have been placed with that individual. Field sessions will be held on the Elizabethtown College's artificial and grass fields. Please bring the appropriate footwear for such surfaces as well as a flat (rubber soled shoe). In case of inclement weather some sessions may be held in the gymnasium. Players should come to the camps prepared with the proper footwear for both types of playing surfaces (indoors and outdoors).

***All required forms/waivers must be signed, and any remaining balance must be paid in full.***

**PLEASE BRING ALL YOUR REQUIRED FORMS WITH YOU TO REGISTRATION.** *These forms include: Waiver and Release of Liability, Medical Consent & Assumption of Risk Form, Medical Insurance Information Form, and the Media & Photo Waiver as we will have a photographer and videographer onsite.*

All of us at **ONEonONE Goalkeeping** look forward to providing you with a great goalkeeping experience! Please let us know if we can help in any other way to make your travel and/or stay even more enjoyable...

Regards,

Front Office Staff

**ONE on ONE Soccer**



***Pro Excellence, Pro Plus, Premier and Programs***

July 13-16, 2025  
Boys and Girls

Daily Schedule  
(Times subject to change)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY	
5-6:30pm	Arrival	7:00am	Breakfast	7:00am	Breakfast	7:00am	Breakfast
6:45pm	Meeting	9-11:00am	Session I	9-11:00am	Session I	9-11:00am	Session I
7-8:30pm	Session I	11:30am	Lunch	11:30am	Lunch	11:30am	Lunch
9:30pm	Classroom	2-4:00pm	Session II	2-4:00pm	Session II	2-4:00pm	Session II
		5:00pm	Dinner	5:00pm	Dinner	4:30pm	Depart
		6:30-8:15pm	Session III	6:30-8:15pm	Session III		
		Various Classroom sessions throughout the day		Various Classroom sessions throughout the day		Various Classroom sessions throughout the day	

**ALL Players should arrive at Elizabethtown College on Sunday – July 13, 2025**

**from 5:00-6:30pm** for Check-In outside of **Brinser Hall**. We will have our first training session at approximately 7:00pm. Players should plan to **depart campus by 4:30pm on Wednesday, July 16, 2025**. PLEASE NOTE: **No dinner is served on Sunday evening. Please eat prior to your arrival.**

**ATTENTION COMMUTERS:** Please report on Sunday at regularly scheduled Check-In time (5:00-6:30pm). Monday/Tuesday/Wednesday Drop-off time: 8:30am. Pick-up time Monday/Tuesday: 8:15pm.

**NOTES:**

**\*\*\*PRE-Camp Zoom meeting** for all players (commuter/resident) on **Wednesday – July 9, 2025 at 7:00pm**. Parents are encouraged to be on the call. We will discuss our Philosophy, Curriculum, Phases of Goalkeeping, Camp Rules/Expectations, Introduction of Staff and so much more! This is an educational classroom session as much as it is an informative session for camp. (An email link will be provided to you via email for this call).

**\*Closing Remarks** will take place on **Wednesday – July 16 at 4:15pm** outside of Brinser Hall.

\*We will have a “Camp Store” for all your **official ONEonONE Goalkeeping** gear that will be open every day for players during select times and also at registration on Monday and dismissal on Wednesday.

**\*If your planning on arriving late due to a previous engagement, please contact our office to arrange a late check-in by calling (717)380-4301 or emailing us at: [info@ONEonONESoccer.com](mailto:info@ONEonONESoccer.com)**



## Soccer Checklist

The following checklist will help you prepare for your week at our soccer schools. If you have any questions, please do not hesitate to contact us via email at: [info@ONEonONESoccer.com](mailto:info@ONEonONESoccer.com) or by phone: (717)380-4301

### Parents Checklist

- \_\_\_\_\_ Waiver and Release of Liability & Medical Consent & Assumption of Risk Form
- \_\_\_\_\_ Medical Insurance Information Form
- \_\_\_\_\_ COVID-19 Compliance Form
- \_\_\_\_\_ Media & Photo Waiver

### Players checklist – Recommended Items

*Note: some items listed below are specific to resident campers only. These are suggested items, not mandatory.*

- \_\_\_\_\_ soccer ball
- \_\_\_\_\_ flats i.e. sneakers (2 pair) – for sessions held in the gymnasium and for casual walking.
- \_\_\_\_\_ cleats (2 pair – recommended in case of inclement weather)
- \_\_\_\_\_ equipment bag (to carry to sessions)
- \_\_\_\_\_ shinguards
- \_\_\_\_\_ soccer socks (**Black/Navy Preferred**)
- \_\_\_\_\_ soccer shorts (**Black/Navy Preferred**) or GK shorts \_\_\_\_\_ goalkeeper long-sleeve shirts
- \_\_\_\_\_ elbow pads (GK's)
- \_\_\_\_\_ T-shirts (**White Preferred**)
- \_\_\_\_\_ sweatshirt and sweatpants
- \_\_\_\_\_ light jacket
- \_\_\_\_\_ rain gear
- \_\_\_\_\_ fan (optional)
- \_\_\_\_\_ small clock (w/alarm)
- \_\_\_\_\_ laundry bag
- \_\_\_\_\_ soap
- \_\_\_\_\_ shampoo
- \_\_\_\_\_ toothpaste
- \_\_\_\_\_ brush/comb
- \_\_\_\_\_ sunscreen
- \_\_\_\_\_ towels
- \_\_\_\_\_ linens (sheets, pillows, blankets)
- \_\_\_\_\_ change for phone calls, vending machines/laundry machines
- \_\_\_\_\_ water bottle
- \_\_\_\_\_ notebook
- \_\_\_\_\_ pen/pencil

*We recommend that you do not bring radios, “boom boxes”, jewelry, and or other valuable items. We cannot assume liability for loss of such items. Each residential player will have a key to his/her room.*





## Elizabethtown College

1 Alpha Drive

Elizabethtown, PA 17022

1. From Points West (Harrisburg/Pittsburg): Take the Pennsylvania Turnpike East to Interchange 247. Be careful to use the far right tollbooth: the exit for 283 East is immediately after the toll plaza. Follow 283 East to Elizabethtown/ Hershey exit and turn right at the end of the ramp onto Route 743 South.

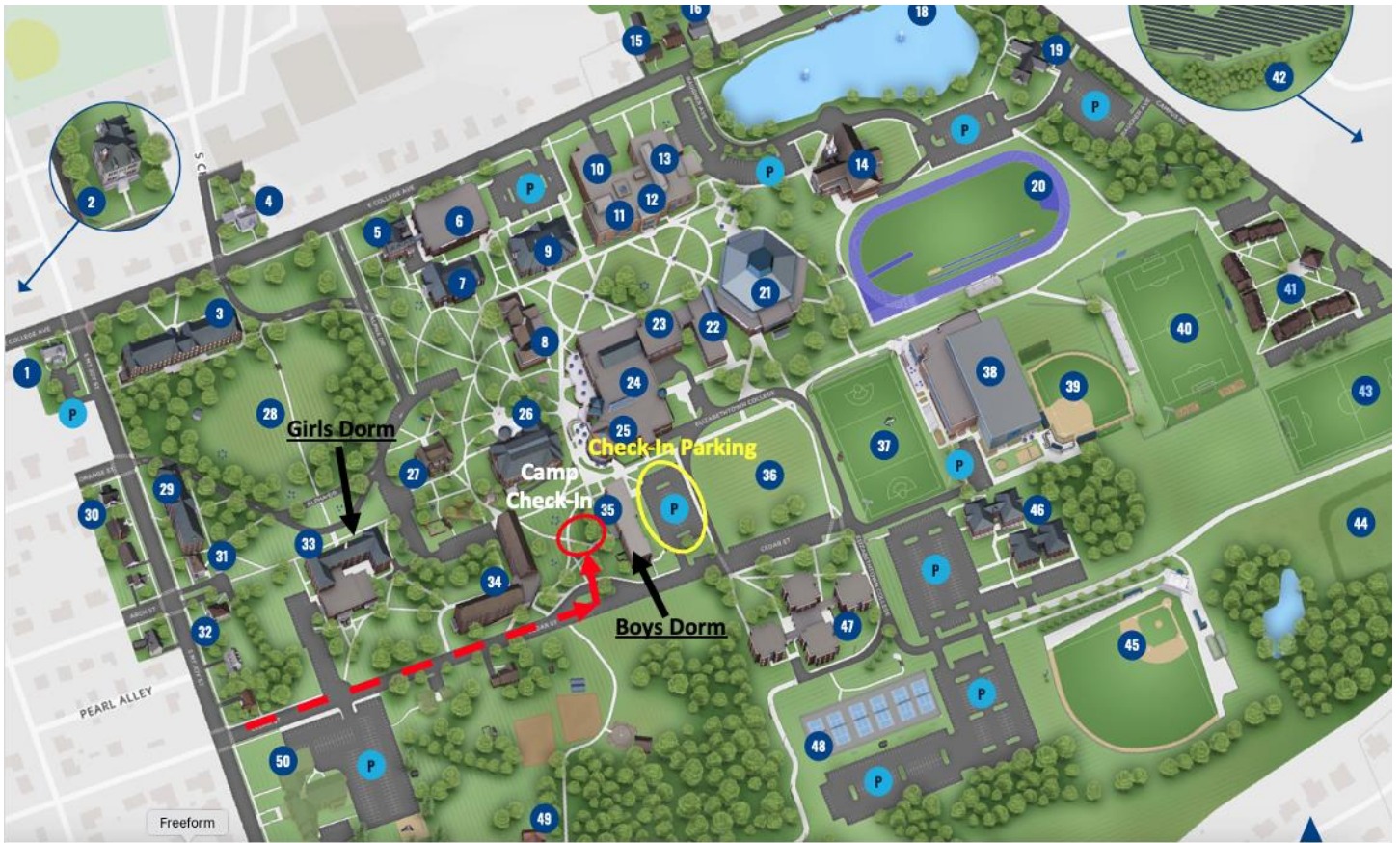
Traveling south on Route 743 to Elizabethtown. Turn left on Market Street (Route 230). Travel east through three traffic lights until you reach College Avenue. Turn left and proceed to the College. The Office of Admissions is located at the corner of College Avenue and Mount Joy Street.

2. From New York: Travel west on I-78 to I-81 South. Take left off Hershey/Grantville Exit 80 and proceed south on Route 743; carefully follow signs for Route 743 through Hershey. See \*\* below for further directions from Route 743.

\*From Route 30: travel west on Route 30 to Route 283. Travel west on Route 283 to Elizabethtown/Rheems exit. Turn left at end of exit ramp onto Cloverleaf Road and proceed one mile to Route 230. Turn right and travel west to Elizabethtown. Turn right at College Avenue and proceed to the College. The Office of Admissions is located on the corner of College Avenue and Mount Joy Street.

If you'd like to take a drive through the town of Elizabethtown, may we recommend that you take the second exit for E-town (Elizabethtown/ Hershey exit). Turn left at the end of ramp onto Route 743 South.

\*\*Traveling south on Route 743 to Elizabethtown. Turn left on Market Street (Route 230). Travel east through three traffic lights until you reach College Avenue. Turn left and proceed to the College. The Office of Admissions is located at the corner of College Avenue and Mount Joy Street.



## **MEDICAL/INSURANCE INFORMATION**

**Please complete form (signed by parent/legal guardian) and bring with you to registration on the 1<sup>st</sup> day of your Soccer School.**

Player Name \_\_\_\_\_ Session Week: **July 13-16, 2025 @ Elizabethtown College**

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

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

### **EMERGENCY CONTACTS:**

Primary Contact \_\_\_\_\_ Relation to Player \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relation to Player \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

### **INSURANCE POLICY:**

Policy Holder's Name \_\_\_\_\_ DOB \_\_\_\_\_ Relation to player \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

### **MEDICAL HISTORY & IMMUNIZATIONS:** Does the player have any of the following?

(If yes, please explain).

Drug Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_

Allergies to insect bites \_\_\_\_\_ Special dietary needs \_\_\_\_\_

Asthma \_\_\_\_\_ Frequent headaches, dizziness or seizures \_\_\_\_\_

Other health problems or limitation of activities \_\_\_\_\_

Medications the player is taking \_\_\_\_\_

Will the player require any specific treatment while participating in our program

If yes, please explain \_\_\_\_\_

My child has my permission to take the following over-the-counter medications as needed

My child is current on all immunizations, to include: ☐ Measles ☐ Mumps ☐ Rubella ☐ Polio ☐ Tetanus

☐ Tuberculin Test

My child has had the following: ☐ German Measles ☐ Mumps ☐ Asthma ☐ Chicken Pox ☐ Pneumonia ☐ Diabetes

☐ High Blood Pressure

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_, herby declare the information above to be correct and release this information to any medical personnel if medical attention is needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY, MEDICAL CONSENT AND ASSUMPTION OF RISK

In consideration of being allowed to participate in the **ONE ON ONE SOCCER®/Goalkeeping** (including but not limited to) Schools, any seminar, clinic, exhibit, or demonstration conducted in connection therewith (the Event), the undersigned attendee hereby expressly waives and releases **ONE ON ONE SOCCER®**, its administrators, directors, medical staff, certified athletic trainers, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises in which the activity takes place from any liability, losses, damages, injuries (including disability or death) actions and all causes of action or claims whatsoever, of any kind or nature, arising from, or in any manner related to, attendee's participation in the Event.

This Waiver and Release shall inure to the benefit of the assigns or successors of **ONE ON ONE SOCCER®/Goalkeeping** and shall be binding upon the heirs or successors of attendee. Attendee specifically understands that attendance at or participation in any activity is at attendee's own and sole risk. Attendee specifically acknowledges his/her experience and capabilities and believes he/she is qualified to participate in any such activity offered by **ONE ON ONE SOCCER®/Goalkeeping**. Attendee fully understands that participation in any function or activity set forth herein involves risks and dangers and may result in serious bodily injury, including permanent disability, paralysis, and/or death. Attendee understands that such risks and dangers may be caused by his own actions, or inaction, the actions or inaction of others participating in the activity, the condition in which the activity takes place or the negligence of the releases, specifically **ONE ON ONE SOCCER®/Goalkeeping** and its agents or employees. With full knowledge, the attendee fully accepts and assumes all such risks and all responsibility for losses, costs, and damages incurred as a result of his participation in the Event, of any kind or nature whatsoever. Attendee further agrees that if, despite this release, he/she or anyone on his behalf makes a claim against any of the releasees named herein, attendee will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney's fees, loss liability, damage, injury (including disability or death) or cost any of them may incur as a result of any such claim.

Attendee acknowledges that by registering for this **ONE ON ONE SOCCER®/Goalkeeping** Event, he/she and parent or guardian has read this agreement, fully understands it terms, understands that he/she has given up substantial rights by signing it, and has signed it freely and without any inducement or assurance of any nature, and intends same to be a complete and unconditional release of all liability to the greatest extent allowed by the law of the state in which such activity is conducted and, further, agrees that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

This Agreement shall be binding upon and shall inure to the benefit of each of the parties and their respective heirs, successors and permitted assigns. IN WITNESS WHEREOF, the parties hereunto set their hands and seals on the dates shown below and on the counterpart signature pages attached hereto.

### CONSENT TO TREATMENT:

In the event of any accident, sudden illness, or medical emergency involving Attendee in connection with a **ONE ON ONE SOCCER®/Goalkeeping** Event, I hereby authorize the Certified Athletic Trainer, leadership and staff members of **ONE ON ONE SOCCER®/Goalkeeping** to consent for any and all emergency and non-emergency medical treatment as may be deemed appropriate under the existing circumstances and consent to an x-ray, C-Scan, MRI, examination, consultation, local or general anesthetic, medical or surgical diagnosis or treatment and hospital care deemed to be necessary by a licensed physician, and agree to accept full financial responsibility for these services.

X \_\_\_\_\_  
{ PARENT / GUARDIAN SIGNATURE }

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

DATE SIGNED: \_\_\_\_\_

X \_\_\_\_\_  
{ PARTICIPANT'S SIGNATURE }

DATE SIGNED: \_\_\_\_\_

I HAVE READ THIS RELEASE OF LIABILITY, MEDICAL CONSENT AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
{ PARTICIPANT'S SIGNATURE }

DATE SIGNED: \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE  
{UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION}

This is to certify that I, as parent / guardian with legal responsibility for this participant, do consent and agree to his / her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in **ONE ON ONE SOCCER®/Goalkeeping** programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
{ PARENT / GUARDIAN SIGNATURE }

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

DATE SIGNED: \_\_\_\_\_

## **COVID-19 COMPLIANCE**

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that contact with others or contact with surfaces that have been exposed to the virus, can lead to infection. Because of this highly contagious nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

By signing this Camp Waiver, the Parent or Participant acknowledges and agrees that the Participant is voluntarily enrolling in the camp. The Parent or Participant understands that ONEonONE Soccer/Goalkeeping, Elizabethtown College have put in place new safety rules and precautions to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, the Parent or Participant agrees that the Participant must reasonably comply with such rules and precautions which may include, but are not limited to, mask wearing, hand washing, hand sanitizing, and social distancing. The Parent or Participant understands that if the Participant fails to comply with these rules and precautions, the Participant (a) may be asked not to attend the camp until they can comply or (b) may be prohibited from participating in the camp, and, in either case, ONEonONE Soccer/Goalkeeping, Elizabethtown College will not be obligated to return any fees.

The Parent or Participant agrees that if the Participant is exhibiting symptoms of acute respiratory illness, a fever of 100.4°F, has had known exposure to someone with COVID-19, or has a diagnosis of COVID-19, the Participant will not participate in the camp until they have written, medical clearance.

### **Assumption of Risk: COVID-19**

By signing this agreement, the Parent or Participant acknowledges the contagious nature of COVID-19 and the inherent risks of exposure to those who may be infected with COVID-19. The Parent or Participant voluntarily assumes the risk of exposure to or infection by COVID-19 by participating in the camp and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. The Parent or Participant understands and acknowledges that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. The Parent or Participant understands that the risk of becoming exposed to or infected by COVID-19 while participating in the camp may result from the actions, omissions, or negligence of themselves, the Participant and others, including, but not limited to, the Released Parties, and fellow participants. The Parent or Participant acknowledges that the camp is held in an open facility, which limits the ability of the Released Parties to control access and visitors. The Parent or Participant recognizes that the Released Parties cannot limit or eliminate all potential vectors for COVID-19 infection. The Parent or Participant acknowledges that they have asked for and/or been given any information that they may need to determine the risks associated the Participant participating in the camp and to make an informed assumption of those risks.

By signing this agreement, The Parent or Participant also acknowledges that limited Personal Protective Equipment ("PPE"), including face masks, may be made available by the ONEonONE Soccer/Goalkeeping for use at the facilities or even during the camp. The Parent or Participant understands that the use of PPE does not remove all risks of illness, nor does it make it safe to participate in the camp. The Parent or Participant alone has to determine the sufficiency of any PPE or other precautions that the Parent or Participant decides to take on behalf of themselves or the Participant to minimize the risks of participating in the camp. The Parent or Participant expressly acknowledges that their choice of PPE for themselves or the Participant is at their discretion and that neither the Released Parties nor other participants have any liability for their choice of PPE. The Parent or Participant voluntarily assumes full responsibility for any and all risks of illness or injury associated with the Participant's exposure to COVID-19, as well as from use of any PPE, including face masks, that ONEonONE Soccer/Goalkeeping may voluntarily provide.

X \_\_\_\_\_  
{PARENT

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

DATE SIGNED: \_\_\_\_\_





**MEDIA AND PHOTO WAIVER**

I \_\_\_\_\_ (parent/legal guardian), hereby authorize and give my full consent to **ONEonONE Soccer@Goalkeeping** to publish any and all photographs, videos and/or film in which my child \_\_\_\_\_ (players name), appears in while attending a **ONE on ONE Soccer@Goalkeeping** event. I further agree that **ONEonONE Soccer@Goalkeeping** may use these photographs, videos, or films for any exhibitions, public displays, publications, website, commercials, social media and advertising purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_