



Dear Goalkeeper,

We are happy to inform you that your registration/deposit has been received and you are accepted to attend **ONE on ONE Goalkeeping Camp, July 18-20, 2022** at Elizabethtown College in Elizabethtown, PA.

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

**Registration is from 8:00-9:00am, Monday, July 18, 2022** at 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 Athletic Fields and are natural grass and artificial turf. 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 (optional).*

All of us at **ONE on ONE 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 18-20, 2022

Boys and Girls

Typical Daily Schedule

(Times subject to change)

MONDAY		TUESDAY		WEDNESDAY	
7:30 – 8:30 am	Breakfast	7:30 – 8:30 am	Breakfast	7:30 – 8:30 am	Breakfast
9:00 – 11:00am	Session I	9:00 – 11:00am	Session I	9:00 – 11:00am	Session I
11:45- 12:45pm	Lunch	11:45- 12:45pm	Lunch	11:45- 12:45pm	Lunch
2:00-4:00pm	Session II	2:00-4:00pm	Session II	2:00-4:00pm	Session II
4:45 – 5:45pm	Dinner	4:45 – 5:45pm	Dinner	4:45 – 5:45pm	Dinner
6:30 – 8:00pm	Session III	6:30 – 8:00pm	Session III	6:30 – 8:00pm	Session III
9:00-10:00pm	Classroom	9:00-10:00pm	Classroom	8:00pm	Final Thoughts
10:30pm	Lights out	10:30pm	Lights out		

**ALL** Players should arrive at Elizabethtown College on Monday – July 18, 2022 from **8:00-9:00am** for registration at Brinser Hall. WE WILL have our first training session at 9:15am. Players should make arrangements to **leave by 8:15pm on Wednesday, July 20, 2022.**

**ATTENTION COMMUTERS:** Please report on Monday at regularly scheduled registration time (8:15-9:00am). Tuesday/Wednesday Drop-off time: 8:30am. Pick-up time: 8:00pm (if not attending classroom session) OR 10:00pm (if attending classroom, except on Wednesday)

**NOTES:**

\***PRE-Camp Zoom meeting** for all players (commuter/resident) on **Wednesday – July 13, 2018 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 20 at 8:00pm** at Brinser Hall.

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

\***If you 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**



## 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
- Media & Photo Waiver (optional)

### Players checklist – Recommended Items

*Note: some items listed below are specific to resident campers only.*

- soccer ball
- flats i.e. sneakers (2 pair) – for sessions held in the gymnasium and for casual walking.
- cleats (2 pair)
- 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.

# ELIZABETHTOWN COLLEGE CAMPUS MAP



Alpha Hall .....	27
Alumni Pool .....	24
Baughner Student Center/Brossman Commons .....	25
Bowers Center for Sports, Fitness and Well-Being .....	38
Bowers Writers House .....	49
Brinser Recreational Field .....	36
Brinser Residence Hall .....	35
Bucher Meetinghouse/	
Young Center for Anabaptist and Pietist Studies .....	20
Campus Facilities .....	18
Campus Security/Information Center .....	32
Church of the Brethren .....	50
College Store .....	25
Community Living Office .....	31
The Dell .....	28
Esbenshade Hall .....	13
Founders Residence Hall .....	47
Hackman Apartments .....	46
High Library .....	26
Hoover Center for Business .....	9
Ira R. Herr Soccer Field .....	40
Jay Walk (Athletic Hall of Fame) .....	23
The Jays Inn at the Raffensberger Alumni House .....	4
Kershaw Occupational Therapy House .....	16
Kevin Scott Boyd Baseball Stadium .....	45
Koon's Activity Venue (KAV) .....	25
Lake Placidia .....	19
Leffer Admissions House .....	1
Leffer Chapel and Performance Center .....	14
Lyet Wing for Biological Science .....	11
Masters Center for Science,	
Mathematics and Engineering .....	12
Mosaic House .....	30
Musser Hall .....	10
Myer Residence Hall .....	33
Nicary Hall .....	6
Ober Residence Hall .....	34
Parking .....	P
Physician Assistant Program House .....	15
Practice Field .....	43
President's Home .....	2
Royer Residence Hall .....	29
Schlosser Residence Hall .....	3
Schreiber Quadrangle .....	41
Softball Field .....	39
Solar Array .....	42
Special Events and Summer Programs .....	17
Steinman Center for Communications and Art .....	7
Tennis Courts .....	48
Thompson Gymnasium .....	22
Track and Field Venue .....	21
Wenger Center for the Humanities .....	5
Wildlife Meadow .....	44
Wolf Field—Hockey/Lacrosse .....	37
Zug Memorial Hall .....	8



EXPLORE ONLINE [etown.edu/map](http://etown.edu/map)

**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 \_\_\_\_\_

Please circle one      Goalkeeper School      Field Player School      Team Training School

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®** (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®** 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®**. 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®** 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®** 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.

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

**CONSENT TO TREATMENT:**

In the event of any accident, sudden illness, or medical emergency involving Attendee in connection with a **ONE ON ONE SOCCER®** Event, I hereby authorize the Certified Athletic Trainer, leadership and staff members of **ONE ON ONE SOCCER®** 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 \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
{ PARENT / GUARDIAN SIGNATURE }

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

X \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
{ PARTICIPANT'S SIGNATURE }

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 \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
{ PARTICIPANT'S SIGNATURE }

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®** programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_  
{ PARENT / GUARDIAN SIGNATURE }





**MEDIA AND PHOTO WAIVER**

I \_\_\_\_\_ (parent/legal guardian), hereby authorize and give my full consent to **ONE on ONE Soccer®** to copyright and/or publish any and all photographs, videotapes and/or film in which my child \_\_\_\_\_ (players name), appears in while attending a **ONE on ONE Soccer®** event. I further agree that **ONE on ONE Soccer®** may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, website, commercials, art and advertising purposes, and television programs without limitations or reservations.

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

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

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

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