





**Gabe Hall**

**Camp Co-Director**

**Assistant Coach University of Dayton**

 2nd Season as assistant coach for UD

 UD Goalkeeper Coach

 Former Coaching Director for Roseburg Youth Soccer

 Semi-Professional playing experience

 Starting goalkeeper for San Francisco State University

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**2012 Tipp City Satellite Camp**

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**2020 Summer ID Camp’s**

**Dayton Spring ID Camp**

 This camp features a mixture of advanced technical and tactical instruction along with exposure to college soccer training habits. We will educate and challenge the serious and developing soccer players in this camp. Other areas covered will be fitness, nutrition awareness, lecture, match play and verbal evaluation. The camp is meant for players serious about playing collegiate soccer and will feature elite training in a focused, contained, and competitive environment.

**AGES: Freshmen-Senior HS Boys, Freshmen & Sophomore Junior College Men**

**DATES: - Sunday, March 29th**

 **Saturday, June 6th**

 **Sunday, July 26th**

**TIMES: 10:00am-5:30 pm**

**LOCATION: UD Training Facilities (Cronin Athletic Center – Indoor) and Klesse training facility outdoor.**

**COST: $110**

**CONFIRMATION**

A confirmation notice will be sent or emailed to you when we receive your application and deposit.

All University of Dayton Camps and Clinics are open to any and all entrants and are only limited by the number, age, grade level or gender described.

**CAMP PAYMENT**

For more information please contact:

Alex Ranalli (937) 229-4023

aranalli1@udayton.edu

Or

Dennis Currier (937) 229-2492

dcurrier1@udayton.edu

Please return application, signed medical release and $50 non-refundable deposit to:

UD Soccer Day Camps

300 College Park

Dayton, OH 45469-1220

**WHAT TO BRING:**

* Soccer Ball Pumped
* Shin Guards
* Soccer shoes and Indoor Shoes
* Water bottle
* Carrying Bag (i.e. backpack big enough for your ball)

**OPTIONAL CAMP COSTS**

Nike Soccer Ball - $25.00

Dayton Soccer T-Shirt - $15.00

**Dennis Currier**

**Camp Director**

**Head Coach University of Dayton**

 Career Record of 327-139-55 (26 Seasons)

 Winning percentage of .710; 2nd Best in the Nation

 2009 Atlantic 10 Coach of the Year

 Led Dayton to 1st ever NCAA National Tournament Appearance and 2 Conference Championships in 2 years

 2004 NSCAA NCAA Division II National Coach of the Year Finalist

 Developed numerous All-America, All-Region, All-Conference players

**Brendon Boucaud**

**Co-Camp Director**

**Assistant Coach University of Dayton**

 Played Professional soccer in Trinidad and Tobago

 Played at University of New Mexico and Central Methodist College

**Alex Ranalli**

**Co-Camp Director**

**Assistant Coach University of Dayton**

 Played NCAA Division I soccer for Ohio State University

 Made Sweet 16 appearance in 2015

 Part of Ohio State Coaching Staff in 2016

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The Dayton Flyers Soccer Camps provide an environment where skill acquisitions, tactical awareness, and their adaptability to the game of soccer are emphasized. Sessions are conducted to meet the needs of each group and skill level. We believe in promoting the game of soccer and in use of the sport to teach values of work ethic and a sense of community.

**UD SOCCER ACADEMY 2020 APPLICATION**

Camper(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Camper(s) DOB: \_\_\_\_\_\_\_\_Present Age: \_\_\_\_\_\_\_\_\_\_ Present Grade: \_\_\_\_\_\_\_\_\_Circle One June 9 July 28\_\_\_\_\_\_

For more information on the camp, please contact Alex Ranalli at the Dayton Men’s Soccer Office at: 937-229-4023 or email Alex Ranalli at aranalli1@udayton.edu

Payment Options:

UD Soccer Academy

300 College Park

Dayton, OH 45469-1220

**Make Checks Payable to: UD Soccer Academy**

1. Bring full payment and medical release to first session Friday evening. Payment is to be received by check and in full made out to UD Soccer Academy.

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Informed Voluntary Consent and General Release

*(For parent/guardian signature of participants under age 18)*

In consideration of participation in the University of Dayton \_\_\_\_\_\_\_\_\_\_\_\_as described herein, and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity/program, I, on behalf of my child, voluntarily consent to use of the facilities and participation in the activities/programs at this site, and assume all the risks arising therefrom.

**Sponsoring Organization/Department:**

**Date(s):**

I hereby declare that my child is in good health and has no mental or physical condition or symptoms that could interfere with her/his safety or the safety of others while participating in any activity using any equipment or facilities of the University of Dayton. Furthermore, I certify that (s)he has adequate health insurance to cover any injury or damage that (s)he may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to her/him.

I, the undersigned, do hereby release, hold harmless, indemnify, waive, and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages my child may suffer or sustain from her/his participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my child’s participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I have read and fully understand the above statements.**

Print Name of Participant Print Name of Parent/Legal Guardian

Signature of Participant Signature of Parent/Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

ain with the campers.

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