Goalkeeper is a specialized position that requires specialized training. The objective of the Kalamazoo College Goalkeeper Academy is to provide a training environment that will allow goalkeepers to acquire new skills while refining the basic techniques that are critical for success each and every time they step on the field.

Training Throughout the Week Will Focus on Key Goalkeeping Areas, Including:

- Handling
- Shot Stopping
- Angle Play
- High Balls
- Diving
- Back to Bar
- Distribution
- Breakaways
- Penalty Area Management
- Decision Making
- Footwork
- Crosses
- Boxing
- Set Pieces
- Confidence

Lead Instructor: Bryan Goyings
Coach Goyings is USSF A License Coach and has also earned the NSCAA Advanced National Goalkeeping Diploma. He will be entering his tenth season leading the women’s program at Kalamazoo College. Under his guidance the Hornet goalkeepers have excelled in the classroom and on field, earning All-League, All-Region, Academic All-American, and NCAA Postgraduate honors. In addition to training the college goalkeepers Coach Goyings has also worked at all levels with various boys and girls goalkeepers in greater southwest Michigan.

Cost: $150, includes 10 hours of instruction and a camp T-shirt

Registration: Online: https://www.kzoo.edu/sports/camps/
Mail In: Please complete the forms found below.

Questions:
Bryan Goyings
bgoyings@kzoo.edu
269-615-5245
2017 HORNET SOCCER CAMPS REGISTRATION FORM

Camper’s Name ____________________________________________ Age (as of Sep. 1, 2016) ______________________

School Club Team ______________________________________________________________________________________

Address __________________________________________________________________________________________________

City State Zip Code ______________________________________________________________________________________

Parent/Guardian Cell Phone I Cell Phone II Work/Home Phone __________________________________________________________________________

Parents’ E-mail Address Please Use All Capitals and Write Legibly (This will be our main form of communication with you)

T-Shirt Size: (Circle) AS AM AL AXL

Camp (Please Check All That Apply)

☐ Hornet Soccer Goalkeeper Academy, June 26th-29th (Boys & Girls, Ages 12-18) $150;

If your child has any medical or physical limitations (including allergies) that would limit or affect his camp activities, please explain: ______________________________________________________________________________________

Release Statement

Name of Camp Participant: ________________________________________________________________________________

The child named above has my permission to participate in the Kalamazoo College Hornet Soccer Academy. I understand that camp participation may involve significant physical activity, which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child’s participation and release Kalamazoo College, its employees, agents, officers, and volunteers from all liability, claims, expenses and actions, which may arise from injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize Kalamazoo College to designate a physician, hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Kalamazoo College from any liability for injury or harm to the child, which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signature of Parent or Guardian: __________________________________________________________________________

Make Check Payable To: Kalamazoo College Women’s Soccer Camp

Registration form must include a non-refundable deposit equal to 50% of the camp fee, which will be applied to the total fee.

Mail Registration Form To:

Bryan Goyings
Head Women’s Soccer Coach
Kalamazoo College Women’s Soccer
1200 Academy St. Kalamazoo, MI 49006
2017 HORNET SOCCER CAMPS REGISTRATION
MEDICAL INFORMATION FORM

Contact Information:

Camper’s Name _________________________________________________________________

Home Address ________________________________________________________________ E-mail ________________________

Father Mother

Home Phone Number (H) ______________________ (H) ______________________

Work Phone Number (W) ______________________ (W) ______________________

Cell Phone Number (C) ______________________ (C) ______________________

If not available in an emergency, please notify:

Name ___________________________________________ Phone __________________ Relationship_____________________

Insurance Information:

Insurance Company __________________________________ Policy # ______________________________

Policyholder’s Name (Mother/Father) ____________________________________________________________

Medical Information:

Medications presently taking: Prescription ______________________ Nonprescription ______________________

I give my child permission to self-administer their prescription medication (circle): Y N Initial___________

I give my child permission to self-administer their nonprescription medication (circle): Y N Initial___________

My child is aware that he/she may NOT share any medication with other campers.

Camper Signature: _______________________________________________________________

Drug Sensitivities/Allergies: (circle if severe) _____________________________________________

Epi-pen: Does your child require an Epi-pen to treat an allergy? Y N

If yes, please speak with the Athletic Trainer at registration.

Asthma: Does your child use an inhaler for asthma? Y N

If yes, my child has been instructed to carry their inhaler to ALL camp activities. Initial___________

Tetanus: Date of last tetanus vaccination ______ / ______ /_____

Pre-existing Conditions:

Does your child have any injuries or conditions that presently exist that would limit him/her from camp activities?

Y N If yes, describe________________________________________________________________________

Has your child had any sports or orthopedic (muscle, joint, etc.) injury within the past year?

Y N If yes, describe________________________________________________________________________

Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc.?)

Y N If yes, describe________________________________________________________________________

I affirm that the above statements are true and that no known medical conditions have been purposefully omitted from this form.

Signed____________________________________________________________ Date_____/_____/

Parent or Guardian