



2009

**OFFICIAL RESIDENTIAL
ACADEMY GUIDE**



June 10, 2009



Dear Cal South Camper and Parent,

Summer is upon us, and the 2009 Cal South ODP Camp is just around the corner. We look forward to meeting you for another successful camp full of fun, friendship and soccer. Please remember that we do not accept requests for roommates as all players are placed by year of birth.

Enclosed in this packet you will find the following:

- **Player Medical Release & Questionnaire ***
- **Self-Administration of Medication Consent Form (if applicable)***
- **Copy of Medical Insurance Card***
- **ODP Camp Code of Conduct***
- **Clothing & Equipment List**
- **ODP Camp Schedule**
- **Directions to the Camp**

*** Please complete all enclosed forms and mail, email, or fax to the Cal South Corporate Office
Chrissy Teyechea, ODP Camps, 1029 South Placentia Avenue, Fullerton, CA 92831
Email: cteyechea@calsouth.com FAX 714- 441-0715**

Girls Camp

Saturday, June 27, 2009: Camper's check-in from 3:00 p.m. – 4:00 p.m. Parent Orientation following check-in
Wednesday, July 1, 2009: Final games begin at 10:45 a.m. Closing ceremony 12:00 p.m.

Boys Camp

Friday, July 3, 2009: Camper's check-in from 3:00 p.m. – 4:00 p.m. Parent Orientation following check-in
Tuesday, July 7, 2009: Final games begin at 10:45 a.m. Closing ceremony 12:00 p.m.

Finishing and Goalkeeping Camp

Thursday, July 9, 2009: Camper's check-in from 3:00 p.m. – 4:00 p.m. Parent Orientation following check-in.
Sunday, July 12, 2009: Final games begin at 11:45 a.m. Closing ceremony 1:00 p.m.

Emergency Phone Numbers & Contact Information

Camp Director: Steve Hoffman 805.331-1522 (cell) Kathy Hoffman 714.715.2528 (cell)

Daytime Office Contact: Chrissy Teyechea 714.451.1553 or email: cteyechea@calsouth.com

Camp Mailing Address: Camper's Name C/o Thacher School, 5025 Thacher Road, Ojai, CA 93023

Player Medical Release and Questionnaire

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Information

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

In the event of an emergency if you cannot be reached, please list a cell phone number and name of a person we can contact on your behalf

Name: _____ Phone #: _____

Please list any Medical Conditions we should be made aware off such as:

Allergies to medication, insect bites, food, etc.: _____

Does your child have Asthma? Yes [] No []

Please list the date of your child's last Tetanus shot: _____

Is your child recovering from surgery or any other injury that would not allow him/her to participate in strenuous activities while at the Cal South ODP camp? If yes, please provide a brief description of injury/condition. If you need more space, please use reverse side of form or attach another sheet.:

Medical and/or Hospital Contact: _____ Phone #: _____

**** It is mandatory that you attach a copy of your Insurance Card****

Insurance Company's Name: _____

Policyholder's Name: _____

Policy Number: _____

The Questions above have been answered completely and truthfully to the best of my knowledge

Parent Signature: _____ Date: _____

Please Mail, Fax, or Email the completed form along with a copy of your Medical Insurance card to the Cal South ODP camp office 10 days prior to the camp start date

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Email: cteyechea@calsouth.com or Fax: 714-441-0725



SELF-ADMINISTRATION OF MEDICATIONS CONSENT FORM

My child requires medications during ODP Camp. I will explain to my child the process and importance of self-administering medications while supervised by ODP staff. I understand and agree to the following terms and expectations:

1. Prescription medication must be delivered to ODP staff in original containers prepared by a pharmacist and include patient name, dosage, and time to be given. Only send the amount needed based on ODP Camp length.
2. All medication must be accompanied by this completed and signed consent form.
3. Children are not allowed to keep any prescription medications with them.
4. Parents must pick up all medications at the end of ODP Camp and deliver medications to the appropriate staff during subsequent camps. Medications that are not picked up at the end of camp will be discarded after two weeks.
5. ODP staff cannot force my child to take medications and can only facilitate the self-administration process. ODP staff is not liable if my child refuses to self-administer medications while supervised by ODP staff. If my child refuses to self-administer medications, while supervised by ODP staff, ODP staff will phone me.

I ATTEST THE FOLLOWING MEDICAL DISCLOSURE IS TRUTHFUL AND COMPLETE AND I AUTHORIZE ODP STAFF TO ASSIST MY CHILD WITH SELF-ADMINISTRATION OF THE FOLLOWING MEDICATIONS:

Medication Name: _____ Prescription? Yes [] No []

Dosage and Schedule: _____

What condition does this medication treat? _____

What are the symptoms of this condition? _____

What side effects are or may be experienced from this medication? _____

If your child refuses to take the above medication, what will your child experience? _____

Should ODP staff know anything else about the above medication or your child's self-administration of this substance? _____

Parent/Guardian: _____

Signature: _____

Phone #: _____ **Date:** _____

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CAMP CODE OF CONDUCT

You are expected to follow the code of conduct listed here and those at the camp facilities. Failure to follow the rules will result in your removal and dismissal from camp at your parent's expense.

1. Remain at the camp at all times.
2. Follow the code of conduct in all matters.
3. Do not change rooms or visit another dorm unless approved by camp director.
4. Be responsible for your own behavior and for knowing the camp schedule.
5. Never leave a group activity alone. Always ask to take a buddy.
6. Treat others with respect. Do not damage or remove or any other camper's property. Do not enter another player's room during his/her absence. Respect the privacy and sleep time of others.
7. Be on time for all meals, training sessions and meetings.
8. All cell phones must be turned of by 9:00 p.m. each night. Usage of cell phones will only be allowed during free time.
9. Curfew times are as follows: 10:00 p.m. in room, 10:30 p.m. lights out, unless staff changes for an activity. **Please do not break curfew.**
10. Keep your room and personal belongings in order and always clean up after yourself.
11. After meals, please take your plates, glasses, knives and forks to the washing area.
12. Please report all injuries to our athletic trainer Tyler. If you feel sick, you should talk to your dorm mom so she can get the appropriate help.
13. Do not wear cleats, bounce balls, or play ball games in any buildings.
14. Do not change or remove any signs while at camp.
15. Dress appropriately at all times. Pajamas, boxers, etc., are not allowed outside of dorm rooms.
16. Parents are welcome to observe their child at the soccer field while playing or in training sessions only.
17. Under no circumstance can a parent or camper change rooms.

(PARENTS ARE NOT ALLOWED IN THE DORMS OR CAFETERIA AT ANY TIME)

Camper's Name: _____

Parent's Name: _____

Parent's Signature: _____

Please Mail, Fax, or Email the completed form along with a copy of your Medical Insurance card to the Cal South ODP camp office 10 days prior to the camp start date

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CLOTHING AND EQUIPMENT LIST

The following is a guideline for what to bring to camp. Use this as a checklist for what to bring as well as what you should be taking home with you when camp ends:

Soccer Equipment

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Soccer Ball (mandatory) | <input type="checkbox"/> Warm-ups | <input type="checkbox"/> Keeper gloves/pants/shorts |
| <input type="checkbox"/> Shin Guards (mandatory) | <input type="checkbox"/> Tennis Shoes | <input type="checkbox"/> Equipment bag |
| <input type="checkbox"/> T-Shirts | <input type="checkbox"/> Cleats | |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Socks | |

Clothing Items

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Suntan lotion (mandatory) | <input type="checkbox"/> Jeans/pants | <input type="checkbox"/> Sleepwear |
| <input type="checkbox"/> Swimwear (mandatory) | <input type="checkbox"/> Shirts | <input type="checkbox"/> Hat or visor |
| <input type="checkbox"/> Light Jacket | <input type="checkbox"/> Shoes/Sandals | |

Toiletries

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Comb/brush | <input type="checkbox"/> Shampoo/Conditioner | <input type="checkbox"/> Deodorant |
| <input type="checkbox"/> Shower shoes | <input type="checkbox"/> Toothbrush/paste | <input type="checkbox"/> Towels |
| <input type="checkbox"/> Laundry bag | <input type="checkbox"/> Hair dryer | <input type="checkbox"/> Feminine Supplies |

Miscellaneous Items

- | | | |
|---|--|--|
| <input type="checkbox"/> Water bottle (mandatory) | <input type="checkbox"/> Electrical Fan | <input type="checkbox"/> Pen/Pencil |
| <input type="checkbox"/> Sleeping bag [or sheets/blankets] & pillow (mandatory) | | <input type="checkbox"/> Phone Numbers |
| <input type="checkbox"/> Alarm Clock | <input type="checkbox"/> Small 3-ring binder | <input type="checkbox"/> Stationary/Stamps |
| <input type="checkbox"/> Hangers (optional) | | |

Medical Supplies

All Medication will be distributed in the main activity room at the following times:
8:15 a.m., 11:15 a.m., and 5:45 p.m.

- | | | |
|--|---|---|
| <input type="checkbox"/> Sunscreen (mandatory) | <input type="checkbox"/> Lip Balm | <input type="checkbox"/> Mosquito Repellant |
| <input type="checkbox"/> Tape (for routine taping) | <input type="checkbox"/> Inhaler (for asthmatics) | <input type="checkbox"/> Over the Counter Pain Relief |

****Prescribed medication will only be given with parent permission slip authorizing staff to administer medication****



2009 Goalkeeper and Finishing Camp Daily Schedule

Thursday	2:30PM-3:30PM	Check-in	Field Session	Goal Keeper
	3:30PM-4:30PM	Opening Orientation		
	5:00PM-6:00PM	Dinner		
	6:30PM-7:45PM	Session One	Technical	Technical
	8:15PM-8:45PM	Snacks		
	9:00PM-10:30PM	Indoor tourney		
	10:30PM-11:00PM	Dorm meeting		
	11:30PM	Lights out		
Friday	7:30AM-8:00AM	Breakfast		
	9:00AM-10:45AM	Session Two	Technical	Technical
	11:00AM-11:45AM	Pool/Free time		
	12:00PM-1:00PM	Lunch		
	1:00PM-2:15PM	Free Time		
	2:15PM-4:00PM	Session Three	Tactical	Tactical
	4:00PM-4:45PM	Pool/Free time		
	5:00PM-5:45PM	Dinner		
	5:45PM-6:30PM	Free Time		
	6:30PM-7:45PM	Session Four	Game	Game
	8:15PM-8:45PM	Snack		
	9:00PM-10:00PM	College Lecture		
	10:00PM-11:0PM	Indoor tourney		
11:30PM	Lights out			
Saturday	7:30AM-8:00AM	Breakfast		
	9:00AM-10:45AM	Session Five	Technical	Technical
	11:00AM-11:45AM	Pool/Free time		
	12:00PM-1:00PM	Lunch		
	1:00PM-2:15PM	Free Time		
	2:15PM-4:00PM	Session Six	Tactical	Tactical
	4:00PM-4:45PM	Pool/Free time		
	5:00PM-5:45PM	Dinner		
	5:45PM-6:30PM	Free Time		
	6:30PM-7:45PM	Session Eight	Game	Game
	8:15PM-8:30PM	Snack		
	8:30PM-11:00PM	Talent Show		
	11:30PM	Lights out		
Sunday	7:00AM-7:30AM	Breakfast		
	8:30AM-10:00AM	Session Nine	Technical	Technical
	10:00AM-11:30AM	Session Ten		
	11:30PM-1:00PM	Individual evaluations		
	1:00PM-2:00PM	Closing ceremonies		



Driving Directions to Thacher School

5025 Thacher Road, Ojai, CA 93023

From the East:

Take Hwy 150 (Ojai Ave.) to Reeves Road (at Boccali's Pizza turn right).

On Reeves, take the second Left on McAndrew Road.

McAndrew will take you to the Thacher gates straight ahead.

From the North, South, and West:

Take Hwy 101 to Hwy 33.

Take Hwy 33 into town.

Hwy 33 runs into Hwy 150 (Ojai Ave. in town)

Follow Hwy 150 until Reeves Road

Take the left part of the Y at Reeves (Boccali's Pizza is in the middle of the Y).

On Reeves, take the second left on McAndrew Road.

McAndrew will take you to the Thacher gates straight ahead.

Age Groupings for Team Formation and Housing

As an FYI, we use the ODP Youth Academy Camp for state team identification purposes. To that end, age groups will be sorted by year of birth in an effort to optimize player evaluation.