

Niagara University



# Soccer Camp

## CAMP DATES

**Easter Camp**

April 9-13

Niagara University

Boys/Girls ages 5-13

(Outdoors!!, weather permitting)

**Summer Camps**

July 9-13

Niagara University

Boys/Girls ages 5-13

July 23-27

Niagara University

Boys/Girls ages 5-13

\* All campers will receive either 1 NU basketball or NU Hockey ticket.  
(Limit of one ticket per camper for camps listed on this brochure.)

## MEET THE CAMP DIRECTORS



**DERMOT McGRANE**  
Head Men's Coach

Coach McGrane has a great deal of experience in soccer, both as a player and as a coach. As a player he was a regional all-American in college and spent three years playing professionally in England. McGrane has spent over 10 years coaching at the Division I Level. He has developed numerous Conference Players of the Year, and seven All-Americans, many of which are currently playing professionally in the United States. McGrane was named the 2005 MAAC Coach of the Year.



**PETER VELTRI**  
Head Women's Coach

Coach Veltri brings over 25 years of playing and coaching experience. He represented his country at the youth national level and played semi-pro in Italy. He has been named MAAC Coach of the Year on three occasions (1999, 2003 & 2005), and has coached close to 20 MAAC All-Academic players, including three MAAC Rookies of the Year and the 2002 MAAC Player of the Year. He has also led his team to three MAAC Championship games, and was crowned 2006 MAAC Champions!!

### DAY CAMP PHILOSOPHY

Coaches Peter Veltri and Dermot McGrane have designed the **Niagara University Soccer Camp** to offer each camper an enjoyable and rewarding learning experience in the game of soccer. Campers are divided into groups based on age, experience and ability. Emphasis is placed on developing and improving the skills of each camper in a FUN environment. Beginning soccer players are welcome! You don't need organized soccer experience to be a Niagara camper. Beginners and experienced young soccer players will receive individual and group instruction from our excellent staff of enthusiastic coaches. Niagara University Division I players will also be at our camp to assist our coaching staff and demonstrate skills and techniques.

### BEGINNERS DAY CAMP

This program will introduce players to skills such as shooting, passing, dribbling and ball control. The group will be shown some basic rules of the game and learn game concepts such as field vision, talking and team play. The emphasis is on FUN.

### INTERMEDIATE DAY CAMP

For players who want to learn to improve skills and solidify their understanding of the fundamentals of soccer. In addition to work in all the skills of the game, players will learn general team positioning and their role as a member of a team.

### ADVANCED DAY CAMP

The goal of this program is to enhance players skills and tactical knowledge. We will also cover tactical elements of the game such as team defending and attacking, and the individuals role in each.

### DAY CAMP SCHEDULE

8:30am	Drop-off
9:00am	Warm-up
9:30am	Fun Games
10:00am	Fundamental Skill Sessions
11:45am	Lunch
12:15pm	Free Gym Time
1:00pm	Swimming
2:30pm	Technique and/or Tactical Session
3:00pm	World Cup Tournament
4:00pm	Camp Ends

(Schedule is subject to change)

For more information please call:  
(716) 286-8617 or (716) 286-8661  
or e-mail: [dmcgrane@niagara.edu](mailto:dmcgrane@niagara.edu) /  
[pveltri@niagara.edu](mailto:pveltri@niagara.edu)



### DAY CAMP FEES

FULL DAY \$125 per person  
HALF DAY \$ 90 per person

**DISCOUNTS = \$10** (Maximum of \$25)

- Any additional child in family
- If you are a Niagara University employee.
- If you register for 2 or more weeks.

To ensure a place at our camp, please complete the application and mail it to us with the **full camp fee** or a **non-refundable \$50 deposit**. We will continue to take applications up to the day of the camp. It will be possible to register on the first day.

# N U CAMP RE GI STRATI ON

Campers Name \_\_\_\_\_  
 Parents/Guardian Names \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Age \_\_\_\_\_ Sex : F or M      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 School \_\_\_\_\_  
 School Grade just completed \_\_\_\_\_  I have  have not won an athletic letter since entering the 9th grade. (check one)  
 Family Physician: \_\_\_\_\_  
NAME PHONE

**HEALTH HISTORY:** Please list any allergies, disease, and/or medications! (Conditions physicians should be made aware of. Please include a separate sheet if you need more room.) Date of last tetanus immunizations: \_\_\_\_\_

Parent or Guardian Health Insurance Company: \_\_\_\_\_

Policy No. \_\_\_\_\_ My child has had a physical recently and may participate in all activities. I hereby authorize directors of the Purple Eagles Soccer Camp to act for me according to their best judgment in any emergency if I cannot be contacted. I further agree that the Niagara University Purple Eagles Camp should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may occur as a result of an accident to my child.

**Waiver and Release:** I acknowledge that Niagara University has made no representations concerning the operation, supervision, staffing, equipment, or any other aspect of the youth camp. I release and forever discharge Niagara University of and from all actions, causes of action, suits, damages, judgments, expenses, claims and demands whatsoever in law or in equity, that my child or I or our successors, assigns, heirs or distributees may have against Niagara University for any claim directly or indirectly arising from or out of my child's attendance at the youth camp described in this registration. I understand that any camper who does not abide by the rules and regulations promulgated by camp or university is subject to dismissal without reimbursement or recourse.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Tell us your camp choice below:

**Camps**

Easter Camp \_\_\_\_\_ April 9-13 Niagara University  
 Summer Camp Week 1 \_\_\_\_\_ July 9-13 Niagara University  
 Summer Camp Week 2 \_\_\_\_\_ July 23-27 Niagara University



Payment Information	Cost	Amt.
Camp(s).....	\$125/\$90.....	_____
Total Amount \$_____		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover		
Account # _____	Exp. Date _____	
Signature _____		
Make Checks payable to the Niagara University <b>Soccer Camp</b> . Mail to: Soccer Camps, PO Box 2009, Niagara University, NY 14109-2009 <small>Copies of this registration are acceptable.</small>		



Niagara University Soccer Camp  
 P.O. Box 2009  
 Niagara University, NY 14109

Non-Profit  
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