



# SPARTAN GOALKEEPER ACADEMY

## East Lansing Soccer Complex

**Camp 1: June 25-27**

**Camp 2: July 9-11**

**Register online at: [www.SGAcamps.com](http://www.SGAcamps.com)**

### Stacy Heller DeLonge

- MSU Women's Goalkeeper Coach (2004-present)
- Michigan Olympic Development Program Staff
- Goalkeeper, MSU 2000-03 (1<sup>st</sup> team All-Big Ten 2002)
- Academic All-American 2003
- USSF National "C" License
- US Youth National License
- Local area youth club coach since 2003

**The Spartan Goalkeeper Academy  
will also feature college goalkeeper  
coaches as well as current MSU  
College Players!**

**We will cap each level at 20 goalkeepers.  
Space is limited so enroll today!**

### ABOUT THE 2019 SPARTAN GOALKEEPER ACADEMY

The 2019 Spartan Goalkeeper Academy features 3 days of training & three levels

**6-7:20PM: Level I (beginner)** - for players just starting their goalkeeper career, or have received little-to-no training.

**6-7:30PM: Level II (intermediate)** - for Premier-level/High School keeper who has received significant training in the past.

**7:20-9PM: Level III (advanced/college)** – for current college keepers or HS Varsity keeper w/ college aspirations.

\*Must receive approval from Coach DeLonge (email: [heller@ath.msu.edu](mailto:heller@ath.msu.edu)) PRIOR TO REGISTERING for first time in Level III.

\*\*\*Parent/guardian and player must sign a waiver on or before the first day of camp. Waiver will be emailed upon completion of registration form either online or mail in.

All campers are required to bring the following:

- Soccer Ball, Shin-guards/Cleats
- Water/Gatorade
- GK Jersey and gloves (recommended)

All three programs use age/ability appropriate activities to cover all aspects of goalkeeping:

- Footwork
- Shot Stopping
- Distribution
- Angle Play
- Breakaways
- Crosses
- Diving
- Leadership

AND MUCH MORE!

Please contact Coach DeLonge via email ([heller@ath.msu.edu](mailto:heller@ath.msu.edu)) for more information. In case of inclement weather, the City of EL reserves the right to cancel play. **THERE WILL BE NO REFUNDS DUE TO WEATHER RELATED CANCELLATIONS.**

### **2019 Spartan Goalkeeper Academy Registration Form**

**Please cut and mail in registration form along with payment or register online at: [www.SGAcamps.com](http://www.SGAcamps.com)**

Name: \_\_\_\_\_

Gender (circle): M F      Shirt Size: YL S M L

Date of Birth: \_\_\_\_\_ Team: \_\_\_\_\_

Level:            Level I      Level II      Level III

Address: \_\_\_\_\_

Camp (circle):    (1) June 25-27 and/or (2) July 9-11

City/Zip: \_\_\_\_\_

Cost: \$110

\*Sign up for both camps, Receive \$20 Discount

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_

(We use email as the primary source of communication, please make sure it is legible)

Make check or money order payable to "Heller Goalkeeping"

Attn: Spartan Goalkeeping Academy

2009 N. Fairview Ave

Lansing, MI 48912

Emerg. Contact Name: \_\_\_\_\_

Emerg. Contact Phone: \_\_\_\_\_

Registration (cut and send) and Payment must be received by:  
June 20<sup>th</sup> for camp 1 and July 3<sup>rd</sup> for camp 2.

# SPARTAN GOALKEEPER ACADEMY



## Medical Treatment Authorization Form

1. Participants Name: \_\_\_\_\_

2. Camp/Clinic Dates: \_\_\_\_\_

3. List any medical conditions that camp personnel should be aware of  
(use additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

4. List any medications currently taking: \_\_\_\_\_

\_\_\_\_\_

5. List any allergies: \_\_\_\_\_

\_\_\_\_\_

### In case of emergency please contact:

Name: \_\_\_\_\_

\_\_\_\_\_

Daytime Telephone

\_\_\_\_\_

Nighttime Telephone

\_\_\_\_\_

Name of Medical Insurance Company

\_\_\_\_\_

Telephone

\_\_\_\_\_

Insurance Policy Numbers

### Authorization:

I, \_\_\_\_\_, hereby authorize the staff of the above named camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp for any and all liability for any physical injuries or illness according at camp. I have no knowledge of any impairment that would be affected by the above named camper's participating in the camp program as outline in the brochure. My signature on this waiver also states that the above name camper is covered by my personal medical insurance policy.

\_\_\_\_\_

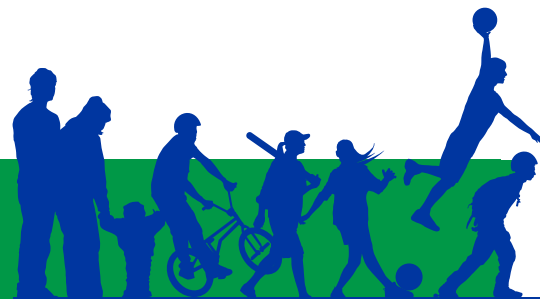
Signature (Parent or Guardian) Date

Camps are open to any and all entrants, limited by number, age, grade level and/or gender.

### RETURN AUTHORIZATION FORM TO:

Email: [heller@ath.msu.edu](mailto:heller@ath.msu.edu) or Bring on first day of camp/clinic

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

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HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

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