



# MEN'S SOCCER ELITE ID CAMP SATURDAY, JUNE 15

**WHO:** High School Soccer Players (graduating 2019 - 2023)  
**WHEN:** Saturday, June 15, 2019 | 2:30 - 6:30 p.m.  
**WHERE:** Wiley Stadium at Waynesburg University  
273 S East Street  
Waynesburg, PA 15370

**FEE:** \$55 per player  
**DEADLINE:** May 25 (to guarantee a T-shirt)

The registraion fee includes technical and training sessions, snacks, a recruitment informational meeting, and a Waynesburg University soccer T-shirt. Our Elite ID Camp is open to all high school players but is limited to the first 30 registrants. To register, complete the Registration Information form and return to Coach Brad Heethuis with payment by May 25.

Send registration to:  
Waynesburg University  
Attn: Coach Brad Heethuis  
51 West College Street  
Waynesburg, PA 15370

[waynesburgsports.com](http://waynesburgsports.com)

 @WUFooty

## ID CAMP SCHEDULE

*Meet at Wiley Stadium*

2 p.m.	Check-in
2:30 p.m.	Warm Up and Technical Session
3:30 p.m.	Small-sided Games
4:30 p.m.	Full Field Play
6 p.m.	Cool Down/Recruit. Informational Meeting
6:30 p.m.	Dismissal





Please complete the information below and return to Coach Brad Heethuis by **Saturday, May 25** in order to participate in the Waynesburg University Elite ID Camp and to guarantee the student athlete a T-shirt. Checks payable to “Waynesburg Men’s Soccer.” If you have any questions or concerns, email Coach Brad Heethuis at [bheethui@waynesburg.edu](mailto:bheethui@waynesburg.edu).

Student Athlete Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Expected graduation:                      2019                      2020                      2021                      2022                      2023

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

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

T-shirt Size:              S              M              L              XL              XXL

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student Athlete: \_\_\_\_\_

**Waiver:** The minor named above has my permission to participate in the designated Waynesburg University Elite ID Camp. 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 Waynesburg University, 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 Waynesburg University to designate a physician, hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Waynesburg University 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.

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