



WOMEN'S SOCCER ELITE ID CAMP

SATURDAY, JUNE 15

WHO: High School Soccer Players (graduating 2019 - 2023)
WHEN: Saturday, June 15, 2019 | 9 a.m. - 1 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 Laura Heethuis with payment by May 25.

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

waynesburgsports.com

 @WU_WSoccer

ID CAMP SCHEDULE

Meet at Wiley Stadium

8:30 a.m. Check-in
9 a.m. Warm Up and
Technical Session
10 a.m. Small-sided Games
11 a.m. Full Field Play
12:30 p.m. Cool Down/Recruit.
Informational Meeting
1 p.m. Dismissal



REGISTRATION INFORMATION



Please complete the information below and return to Coach Laura 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 Women's Soccer." If you have any questions or concerns, email Coach Laura Heethuis at lheethui@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: _____