

**2017 UConn Women's Soccer  
ID Clinic**

**12:30 – 3:30 PM Sunday, February 12, 2017**

- Where: University of Connecticut  
Shenkman Indoor Training Facility
- Who: Open to all Girls, Grade 8-12
- Contact: Zac Shaw (UConn Associate Coach) [zac.shaw@uconn.edu](mailto:zac.shaw@uconn.edu)  
Cell- 860-336-8058
- Cost: \$100: Please make checks payable to: "University of Connecticut Women's Soccer".
- Mail To: UConn Women's Soccer (ATTN: Winter ID Clinic)  
2095 Hillside Rd. Unit 1173  
Storrs, CT 06269
- Staff: The clinic will be run by the UConn Women's Soccer Coaching Staff and the UConn Women's Soccer Team.

Good to know:

- Due to space and insurance restrictions, **only clinic participants are allowed in the facility during the clinic.**
- Applications and checks are DUE BY Friday, February 10, 2017**
- Shin guards must be worn by all participants, bringing water is strongly encouraged.
- Clinic confirmation emails will be sent out upon receipt of your application and check, please fill out the email portion of the application clearly.

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Name \_\_\_\_\_ Grad Year \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Parent Consent Form:

The above named applicant is in good health and have my permission to participate in this program. In additions, I authorize the UConn Staff to act for me in securing medical treatment for the above named applicant in the event of injury or illness. This registration required that a parent/guardian sign below and agree that in case of an accident involving their child while attending the soccer clinic, it's ownership and staff are removed from any and all liability.

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