



2012 WOMEN'S SOCCER ELITE COLLEGE ID CLINIC

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Sat., MARCH 10TH - Sun., March 11TH 2012

Open To Any & All Girls 9-12 Grade

CHECK IN TIME: NOON

Cost: \$125

Marshall University Women's Soccer Elite Clinic is designed for high school aged girls who are looking to play soccer at the next level. The Elite Clinic is designed to help players learn how to enhance their techniques and improve skills by putting them in a training environment similar to a college setting. With an ultimate goal of pushing players to their maximum playing ability, participants in the clinic will train with Marshall University coaches, and other top-level college coaches from around the nation. Demonstrations and game play feature the correct technical methods, and enable players to recreate in-game scenarios. An additional area of concentration is the development of positional skills and tactical training designed to improve positional awareness and understanding. Goalkeepers receive separate, specialized coaching as well as game analysis from experienced instructors. Players will leave camp with a greater understanding of how to play and compete at the next level.

SCHEDULE:

SATURDAY, MARCH 10TH

NOON—CHECK IN

1:30PM—1ST session starts

3:30PM—End of session

4:15—Dinner

6:30pm—2nd session starts

8:30pm—End of session

SUNDAY, MARCH 11TH

9:00AM—Last session starts

11:00AM—End of session

11:15AM—Departure

Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Parents Phone: _____

D.O.B. _____ Grad Yr. _____

E-Mail: _____

Position: _____ T-Shirt Size: _____

Amount Enclosed: _____

Checks made out to Marshall Women's Soccer-School

In consideration of my child's application being accepted, I intending to be legally bound, do hereby myself waive release and forever discharge any and all rights and claims for damages, which my child may have or which may hereafter accrue to them against Marshall Soccer-School, or any of its representatives, which may be sustained or suffered by them in conjunction with their participation from this camp. I understand that all applicants must have their own medical coverage, and that the Marshall Women's Soccer-School does not assume responsibility for accidents, or other expenses, incurred as the result of any normal course of instruction given to the applicant by camp staff.

I have read and understand the above.

Parent Signature Required: _____

Insurance Company: _____

Health Insurance Policy # _____

Medical Conditions: _____

Important Notice: Rooms will not be provided at this camp, along with only one meal provided to the players.

Please email completed form to Scott Letts at letts1@marshall.edu or mail form and check to the Marshall University women's soccer team, Cam Henderson Center, P.O. Box 1360, Huntington, WV 25715.

MORE INFORMATION

Questions on Registration and Soccer Components:

Scott Letts

letts1@marshall.edu

304-696-3614