



# University of Pittsburgh

## Department of Athletics

### Women's Soccer

Pitt Women's Soccer coach Greg Miller has announced the date for his Winter College Prospect ID Camp that will be held at the Charles L. Cost Center.

The Winter ID Camp will take place Saturday February 18<sup>th</sup> (9am-3pm). Camp is open to any and all entrants limited to high school girls, grades 9-12. The clinic will help guide and direct those who aspire to play at the highest level. The Pitt coaching staff as well as current players will lead the clinic. It will be a highly competitive training environment that will serve as a taste of what is needed to play at a collegiate level.

Both goal keeper and field players are encouraged, with the cost being \$60 which will include pizza for lunch. Checks should be made out to Pitt Women's Soccer Camps.

**Items to bring:**

**Indoor Soccer Shoes, Shin Guards, Water Bottle, Ball. Goalkeepers please remember to bring GK Gloves and Jersey if you prefer one.**

To register, please fill out the following form and submit to:

University of Pittsburgh Women's Soccer

Winter ID Clinic

P.O. Box 7436

Pittsburgh, PA 15213

<b><u>First Name</u></b>	
<b><u>Last Name</u></b>	
<b><u>Address</u></b>	
<b><u>City, State &amp; Zip</u></b>	
<b><u>Phone Number</u></b>	
<b><u>Email address</u></b>	
<b><u>Position</u></b>	
<b><u>Age &amp; Graduation Year</u></b>	
<b><u>High School</u></b>	
<b><u>Club Team</u></b>	
<b><u>Emergency Contact</u></b>	
<b><u>Emergency Contact Cell Phone</u></b>	
<b><u>Emergency Contact Relationship</u></b>	

# MEDICAL RELEASE FORM

Campers Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

**The parent(s) or guardian of the above camper must complete the medical waiver below. This waiver must be turned in prior to participating in the clinic.**

I understand that University of Pittsburgh Women's Soccer staff, team members, and staff will NOT be held responsible for injuries or loss of property while the above student is attending and participating in the University of Pittsburgh Winter ID Clinic. I do hereby release the State of Pennsylvania, University of Pittsburgh, its officers, agents, and employees from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the University of Pittsburgh Women's Soccer Staff of all responsibility for loss of personal property. Furthermore, I realize the risk involved to the student. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills or other expenses that could be incurred as a result of treatment given above named student for illness or injury while attending or subsequent to attending the University of Pittsburgh Winter ID Clinic. I hereby authorize the University of Pittsburgh Women's Soccer staff to act for me according to their best judgement in any emergency requiring medical attention, and I state that the above applicant has been checked and is in sound physical condition to participate in soccer. I further understand University of Pittsburgh Women's Soccer retains the right to use, for publicity and advertising purposes, photographs of campers taken at the clinic.

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**MUST BE SIGNED BY ALL LEGAL PARENT/GUARDIAN OF THE ABOVE PLAYER**

Signature \_\_\_\_\_ Date \_\_\_\_\_