NJIT Women's Soccer
Winter ID Clinic

Clinic Date: January 27, 2018
12 - 3 pm

Schedule

Saturday, January 27, 2018

12:00-12:15pm  Dynamic Warm Up
12:15-12:45pm  Technical Session

12:45-1:10pm  Goalkeeper Session
1:10-1:35pm   Possession
1:35-2:00pm   Small Sided Games
2:00-3:00pm   College Recruiting Talk
3:00pm        Clinic Ends

Location

NJIT Wellness & Events Center (WEC)
80 Lock St
Newark, NJ 07102

Pricing

$90 per player

NJIT Staff

Ally Nick
Head Coach

Mary Hearin
Assistant Coach/Recruiting Coordinator

Chris Duggan
Goalkeeper Coach

To Register, Visit:
www.njithighlanders.com

Open to any and all 8th to 12th grade girls.
2018 NJIT Women’s Soccer Winter ID Clinic Registration Form

Please fill out the Registration and Medical Forms. Make Checks Payable to: NJIT Women’s Soccer.

Mail both forms and check to:
NJIT Women’s Soccer
80 Lock Street
Newark, NJ 07102

Player Information (Please Print)
Name_______________________________________________________
Address_____________________________________________________
City_________________________________________________________
State_______________________________ Zip_____________________
Year of High School Graduation_________________________________
Phone_______________________________________________________
Email_______________________________________________________
Position Played (Circle): FW DF MF GK

Parent/Guardian Information (Please Print)
Name_______________________________________________________
Phone_______________________________________________________
Email_______________________________________________________

Club Information (Please Print)
Club Team____________________________________________________
Coach’s Name__________________________________ Email:___________________________

High School Information (Please Print)
High School____________________________________________________
Coach’s Name__________________________________ Email:___________________________
Medical Information & Release Form
All participants MUST complete and return this form in order to participate.

Name of Event_NJIT Women’s Soccer ID Clinic __________________________

Applicant’s Name_________________________________________________________

Medical Treatment Authorization
I/We being the legal guardians of the above applicant authorize NJIT Athletics, the specific camp and its agents, permission to request medical treatment as necessary to insure the well being of the applicant.

__________________________________________  ______________
Parent/Guardian Signature  Date

Insurance
Coverage for accidental injury is required by all participants. Please complete the health care information below.

Health Insurance Carrier ________________________________________________

Policy Number _________________________________________________________

Policy Holder ___________________________________________________________

Release of Liability
I approve of my child’s attendance at the NJIT Athletics Camp/Clinic and certify that she has been examined by a physician within the past year, and that she was found to be physically able to participate in vigorous physical activity and competitive athletic sports. I (am/am not) attaching a statement explaining special physical limitations and/or required medication. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc.

I/We being legal guardian(s) of the participant and on behalf of myself/ourselves, the participant, and my/our and the participant’s personal representatives, assigns, heirs, and next of kin, hereby release and discharge NJIT Athletics, Camp/Clinic Staff, and NJIT from any and all action, causes of action, claims, damages, demands, injuries, and liabilities of any nature whatsoever (including reasonable attorneys fees and interests) arising out of or in any manner connected with the participant’s participation in activities, whether caused by negligence or otherwise. I further acknowledge, understand, and agree that with my child’s participation in the above event, there is a possibility of physical injury or illness. I assume full financial responsibility for such treatment.

__________________________________________
Date

__________________________________________
Participant Signature

__________________________________________
Parent/Guardian Signature

__________________________________________
Emergency Contact  Phone #