**NJIT Women's Soccer Summer ID Clinic**

**Clinic Date:** June 4, 2017  
2:30-5:30pm

## Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00-2:30pm</td>
<td>Check In/Registration</td>
</tr>
<tr>
<td>2:30-2:45pm</td>
<td>Dynamic Warm Up</td>
</tr>
</tbody>
</table>
| 2:45-3:15pm | Technical Session  
Goalkeeper Session |
| 3:15-3:40pm | Possession                                   |
| 3:40-4pm   | Small Sided Games                            |
| 4-4:30pm   | College Recruiting Talk                      |
| 4:30-5:30pm | 11v11 Game                                   |
| 5:30pm     | Clinic Ends                                   |

## Location

Drew University  
36 Madison Ave  
Madison, NJ 07940

## Pricing

$90 per player

## NJIT Staff

### Ally Nick

Head Coach

### Mary Hearin

Assistant Coach/Recruiting Coordinator

### Chris Duggan

Goalkeeper Coach

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To Register, Visit:  
www.njithighlanders.com

Open to any and all 8th to 12th grade girls.
2017 NJIT Women’s Soccer Summer 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 #