Come experience an elite level training with top coaches from across the Hudson Valley. The one-day event will include collegiate level training from Division 1, 2 and 3 elite institutions. You will work with coaches from five areas colleges and experience a Q&A about the college experience across divisions, and the recruiting process. Lunch will be provided.

Equipment Needed: Each player is required to bring their own cleats, shin guards, water bottle, indoors (in case of inclement weather), and soccer ball.

Sports Medicine: Water and ice will be available throughout the clinic. A trainer will be present.

DETAILS:

Date: Sunday, June 3, 2018
Time: 9am-4pm
Location: Vassar College, Taylor Field
Prentiss Field Complex
1 Brewers Lane
Poughkeepsie, NY 12604

SCHEDULE:

9-10am: Registration
10-12pm: Field Session
12-1pm: Lunch
1-2pm: Q&A
2-4pm: Field Session
Marist College Red Foxes

Head Coach: Leigh Howard
Affiliation: NCAA Division 1
League: MAAC
Location: Poughkeepsie, NY
Population: 6,657 students

This is Coach Howard’s first season as a head coach for the Red Foxes. She comes after being a three-year assistant at Bucknell University. While there she was part of the 2016 Staff of the Year as well as guided the Bison to two NCAA appearances. In her tenure, she helped Bucknell to a record of 39-17-5.

SUNY New Paltz Hawks

Head Coach: Mike Eckberg
Affiliation: NCAA Division 3
League: SUNYAC
Location: New Paltz, NY
Population: 6,370 students

This past season was Coach Eckberg’s first season as head coach of the Hawks. He successfully increased their record from a 1 win season before he arrived to a 6-11-1 season. Coach Eckberg comes to New Paltz from Towson University as an assistant that guided the Tigers to their first ever conference tournament in 2014.

Vassar College Brewers

Head Coach: Corey Holton
Affiliation: NCAA Division 3
League: Liberty League
Location: Poughkeepsie, NY
Population: 2,500 students

Coach Corey Holton is in her fourth year at Vassar college. She has coached the Brewers to a school record in the league at 6-2 in 2016 and led the team to the conference finals in 2017 for the second time in program history. She has mentored 54 Liberty League All Academics, 17 All League players, 2 Rookies of the Year, and 2 All Region Players.

Army West Point Black Knights

Assistant Coach: Caroline Kelly
Affiliation: NCAA Division 1
League: Patriot League
Location: West Point, NY
Population: 4,389 students

Kelly comes to West Point after serving as an assistant coach at Dartmouth where worked primarily with the goalkeepers. Prior to Dartmouth, Kelly was at the University of South Carolina where she worked primarily with goaltenders and helped South Carolina to an SEC regular season championship, and an appearance in the NCAA Elite Eight.

St. Thomas Aquinas Spartans

Associate Head Coach: Robert Czumak
Affiliation: NCAA Division 2
League: East Coast Conference
Location: Sparkill, NY
Population: 2,800 students

Coach Czumak has been at STAC for the past three seasons. At STAC, he is involved in all aspects of the Division II program. In addition, Czumak serves as the director of coaching for Nirvana FC and has held positions at Mercy College and various New York area clubs. He holds a USSF B license and a Master’s degree from Rensselaer Polytechnic Institute.
First Name: __________________________  Last Name: _______________

Height: _____ Position: ____________  Club Team: ______________

Home Address: ______________________________________________

City: ________________________ Zip: ______________________

Home Phone: __________________  Cell Phone: __________________

Email: _______________________________________________________

High School: ________________________ High School Grad Year: _____

HS GPA: _________________________ ACT Score: __________________

SAT Math: __________ SAT Reading: __________ SAT Writing: ________

Cost of the Clinic is $125* and includes lunch. Checks can be made payable to VC WOMEN’S SOCCER-HVCLINIC.
*In the event that you are unable to attend, please notify us immediately. If you cancel your attendance more than one week prior to the event, you will be refunded in full.

CLINIC RELEASE FORM

In consideration for permitting my child to participate in the Vassar College Hudson Valley Elite Girls Clinic (The ‘Clinic’), I hereby agree: (A) To release and discharge Vassar College (‘The College’) from any liability or responsibility for any personal or bodily injury (including death), and for any damage to or loss of property, however, caused, that my child or I suffer as a result of or in connection with my child’s participation in The Clinic, including, without being limited to, any injury loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or administration or other employees or agents of the college; (B) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the College for any cause of action that may result from or arise out of or in connection with my child’s participation in The Clinic, for any injury (including death) to my child, including, without being limited to, injury, loss, or damage that may result for or arise out of or in connection with negligent acts or omissions of members of the faculty or administration or other employees or agents of the college; and (C) to indemnify the College and hold it safe and harmless from and against any claim of cause of action asserted by my child, or on behalf of my child, against the College, for loss, or damage or injury (including death) to his or her person or property resulting from, arising out of, or occurring in connection with my child’s participation in The Clinic. All references to the College in this form shall include, and all provisions of this form shall insure to the benefit of, the College’s trustees, officers, employees, agents, servants, and representatives.

I have no knowledge of any physical impairment that would affect my child’s ability to participate in The Clinic. I authorize the College to request medical treatment as necessary to insure the well-being of my child while at The Clinic. I agree that my child will comply with all applicable rules, policies, and procedures of the college. This release shall be governed by and construed in accordance with the laws of the state of New York.

PARENT/GUARDIAN NAME (PLEASE PRINT): __________________________________________

SIGNATURE: __________________________________________

DATE: __________________________________________

PARTICIPANT’S NAME: __________________________________________

PARTICIPANT’S SIGNATURE: __________________________________________

EMERGENCY PHONE: __________________________________________

Please complete and send this form with your payment to VC Women’s Soccer-HV Clinic, 124 Raymond Ave, Box 750, Poughkeepsie, NY 12604. For more information or if you have any questions, please contact Corey Holton at coholton@vassar.edu or at 845-437-5459.
PERSONAL INFORMATION & MEDICAL HISTORY
PLEASE RETURN TO CLINIC HEAD COACH BEFORE PARTICIPATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Age at Clinic</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Gender:  [ ] Male  [ ] Female

Parent/guardian: ___________________________  Home Ph. ______________  Cell Ph. ______________

Emergency contact (if other than parent or guardian):
Name/Relationship: ___________________________  Home Ph. ______________  Cell Ph. ______________

HEALTH HISTORY
The following information must be completed by the parent/guardian of the participant. The intent of this information is to provide clinic supervisors with health history background to provide appropriate care if needed. Any changes to this form should be provided, in writing, to the Clinic’s Head Coach upon participant’s arrival. Please provide complete, accurate information to ensure the clinic is aware of your child’s needs.

GENERAL QUESTIONS: (Please explain all “Yes” answers below.)

<table>
<thead>
<tr>
<th>Has/dose the participant:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had any recent injury, illness or infectious disease?</td>
<td></td>
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</tr>
<tr>
<td>2. Have a chronic or recurring illness/condition?</td>
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<tr>
<td>3. Been hospitalized within the last year?</td>
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<tr>
<td>4. Had surgery within the last year?</td>
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<tr>
<td>5. Been restricted from activity within the last year?</td>
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<tr>
<td>6. Ever had a head injury/concussion?</td>
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<td></td>
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<tr>
<td>7. Ever been knocked unconscious?</td>
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<tr>
<td>8. Ever passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ever passed out during or after exercise?</td>
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<td></td>
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<tr>
<td>10. Ever had seizures?</td>
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<tr>
<td>11. Have asthma and/or use an inhaler?</td>
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<tr>
<td>12. Have severe allergies/require an Epi-Pen?</td>
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<tr>
<td>13. Have diabetes?</td>
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<tr>
<td>14. Ever had issues exercising in the heat (heat cramps, exhaustion, stroke)?</td>
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<tr>
<td>15. Have a current joint sprain?</td>
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<tr>
<td>16. Have a current muscle strain?</td>
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<tr>
<td>17. Currently wear any protective braces/taping?</td>
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<tr>
<td>18. Absence of a paired organ?</td>
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<td>19. Seen for physical therapy in the last year?</td>
<td></td>
<td></td>
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<tr>
<td>20. Had problems with diarrhea/constipation?</td>
<td></td>
<td></td>
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<tr>
<td>21. Diagnosed with a learning/emotional disorder?</td>
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</tbody>
</table>

Please explain any yes answers, noting the number of the question:
______________________________________________________________________________________
______________________________________________________________________________________

ALLERGIES: List all known. (medications, food, other)

<table>
<thead>
<tr>
<th>1.</th>
<th>Describe reaction and management of the reaction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
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</tbody>
</table>

Is there any reason why this participant’s activity at this clinic should be restricted in any way?
______________________________________________________________________________________
______________________________________________________________________________________
**MEDICATIONS BEING TAKEN**
Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely or for emergencies.

*NO Daily/routine medications will be administered by Clinic Staff*

☐ This person takes NO Medication on a routine basis.

☐ This person takes daily/routine medications as follows:

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Dosage</th>
<th>Reason for taking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication #2</th>
<th>Dosage</th>
<th>Reason for taking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

☐ This person has a current prescription for emergency medication (e.g., Epinephrine Pen-bee stings, Inhaler-asthma, etc.)

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Reason for taking</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Medication #2</th>
<th>Reason for taking</th>
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</thead>
<tbody>
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</tbody>
</table>

**IMPORTANT**
The following signatures are required for participation in the Vassar College Sports Clinic(s)

**Parent/Guardian Authorizations:** This health history/ information for __________________________ is correct and complete. The person herein described has permission to engage in all clinic activities except as noted. I have no knowledge of any physical or mental impairment that would affect my child’s ability to participate fully unless noted. I hereby give permission to the clinic supervisors to provide routine healthcare, administer emergency medications listed, and seek emergency medical/dental treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the clinic representatives to arrange necessary related transportation for my child, in the event I cannot be reached in an emergency. I hereby give permission to the clinic supervisor(s) to secure and administer treatment, including hospitalization, for the person named above.

**Indemnification:** The undersigned parent/guardian of the registrant, for and in further consideration of the Vassar College Sports Clinic(s), accepting said registrant, hereby agrees to save and indemnify and keep harmless the said Vassar College Sports Clinic(s), its’ agents and sponsors against any and all liability or responsibility for personal or bodily injury (including death), and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with their participation in this clinic. I agree not to raise claims, judgments or demands arising as a result of any course of instruction or activity given the registrant by the Vassar College Sports Clinics.

**Insurance Coverage:** I attest that my child has medical insurance coverage in the state of New York, and they will either carry an insurance card with them or I will be immediately available to provide insurance information in the event my child is referred to a medical provider.

Signature of Parent/Guardian: __________________________ Date: ___________
Printed Name: __________________________ Date: ___________

**Questions or Concerns:**
Michael Callahan, Sports Clinics Director
124 Raymond Ave.
PO Box 750, Poughkeepsie, NY 12604
Phone: 845-437-7471 Email: micallahan@vassar.edu

Department of Athletics & Physical Education, Box 750, Poughkeepsie, NY 12604
Phone 845-437-7450 Fax 845-437-7033
Website www.vassarathletics.com