



**CORNELL COLLEGE RAMS WOMEN'S SOCCER HIGH SCHOOL GIRLS ACADEMY PREMIER ID CAMP**  
**Saturday, December 9th 2017 -7:30am-12:30pm**

**FEE -\$75 (includes a Cornell College Soccer Shirt)**

**Sign Up fo Athletic Recruiting Day**

**ID CAMP Tentative Schedule**

7:30am **Registration**  
 8:00am **Training Sessions (2)**  
 10:30am **Games-Stretch-Cool Down**  
 Noon **College Talk Q&A**

**What to Bring**

Indoor Soccer Shoes  
 Cleats  
 Shin Guards  
 Indoors & Outdoors Clothing

**ATHLETIC RECRUITING DAY SCHEDULE**

1:45pm **Registration**  
 2:00pm **Welcome**  
 2:05pm **Admission Presentation**  
 2:30pm **Campus Tour**  
 3:30pm **Faculty Panel**  
 4:00pm **Athletic Breakout Session**  
 5:00pm **Dinner**

**The camp will take place on the campus of Cornell College in the Indoor Sports Complex or in the turf Stadium if weather permits. The training sessions will allow players to work directly with college/professional coaches which include technical and tactical training.**

**The morning/afternoon is designed to provide campers an environment to improve and compete in small sided games while showcasing their skill.**

**Registration is limited  
 Each player will receive a numbered camp shirt and snacks will be provided.**

**This camp will be run by College/Professional Soccer Coaches**

**REGISTRATION**

NAME \_\_\_\_\_  
 GRAD YEAR \_\_\_\_\_  
 POSITION ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 HIGH SCHOOL \_\_\_\_\_  
 CLUB TEAM \_\_\_\_\_  
 COACH'S NAME \_\_\_\_\_  
 COACH'S PHONE \_\_\_\_\_  
 COACH'S EMAIL \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_  
 POLICY NUMBER \_\_\_\_\_  
 KNOWN ALLERGIES: \_\_\_\_\_  
 MEDICATIONS TAKING: \_\_\_\_\_  
 TSHIRT SIZE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
 PARENT'S PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_  
 PARENT/GUARDIAN PERMISSION FOR MY CHILD TO PARTICIPATE IN SOCCER FESTIVAL: I hereby release the Rams Soccer Academy and Cornell coaches and players from all claims on account of any injuries, which may be sustained by my child while traveling to, participating in, and returning from the PREMIER ID CAMP. I also agree to indemnify the Cornell Soccer players/coaches from any claim which may hereafter be presented by my minor child as a result of illness or accident while my child is at this clinic.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHECKS TO: Jose M Fajardo**  
**MAIL TO: RAMS WOMEN'S SOCCER ACADEMY**  
 600 1st Street, Mt Vernon, IA 52314

***REGISTER BY NOVEMBER 30TH TO ENSURE CORRECT T-SHIRT SIZE***

*This camp is limited only by number, age, grade level, and/or gender.*

