PLATTSBURGH STATE
WOMEN’S SOCCER
Field Player & Goalkeeper Clinic

DETAILS:
When: Saturday, August 5th, 2017
Where: Field House Turf
Time: 2:15pm – 6:00pm
Who: All High School-Aged Female Players
Cost: $70.00 *Registration will be limited to the first 30 players that sign up*

STAFF:
Tania Armellino – Head Women’s Soccer Coach
Frantzy Noze – Assistant Women’s Soccer Coach
Gene Bushey – Goalkeeper Coach
*The Staff will also include current PSU players*

ABOUT THE CLINIC:
The purpose of this clinic is to provide an excellent training environment for players looking to gain an edge in their upcoming high school and club seasons. Players will be trained in a competitive environment. The session will include technical ball work, passing and receiving, finishing, individual attacking and defending, and tactical training. Sign up early and gain a true sense of what it is to be a collegiate soccer student-athlete!

SCHEDULE:
2:15pm: Clinic Registration @ PSU Field House Turf.
2:30pm-4:45pm: Training on PSU Field House Turf
5:00pm: Dinner @ Field House (player participant & 2 guests)
5:45pm: Closing Remarks

VISITOR INFORMATION:
Hotels: Best Western Inn at Smithfield @ 446 Route 3, Plattsburgh @ 518.561.8383; Days Inn & Suites @ 8 Everleth Dr. Plattsburgh @ 518.561.0403
Airports: Plattsburgh International Airport; Burlington International Airport
NAME: ____________________________________________________________

ADDRESS: _______________________________________________________

PHONE: __________________________________________________________

EMAIL: ___________________________________________________________
(All communication will be done via email)

PARENT/GUARDIAN Name & Contact Info: ________________________________

GRADUATION YEAR: ___________ INTENDED MAJOR(S) _________________

PRIMARY POSITION: _______________ SECONDARY POSITION: _____________

**Please complete all registration information, sign waiver below, and mail to: Tania Armellino, Plattsburgh State Women’s Soccer, Memorial Hall #312, 101 Broad St, Plattsburgh, NY 12901. Please make all checks payable to: Plattsburgh State Women’s Soccer. Please contact Tania Armellino @ 518.564.4141 with any questions.**

I, ____________________________, hereby certify that I am the parent or legal guardian of the clinic participant and understand and agree that Plattsburgh State Women’s Soccer Clinic does not provide medical insurance covering injuries of any nature. The undersigned hereby releases Plattsburgh State Women’s Soccer Clinic, its successors, officers, agents, and employees from any and all claims, demands, and causes of actions resulting from participation in Plattsburgh State Women’s Soccer Clinic. I hereby authorize the Directors of Plattsburgh State Women’s Soccer Clinic to act within their best judgment in case of an emergency requiring medical attention. Further, I agree to indemnify, defend and hold harmless Plattsburgh State from any and all claims, demands and causes of action that arise from any negligent acts, conduct or omissions attributable to the player’s participation in the Plattsburgh State Women’s Soccer Clinic.

Signature of Parent/Guardians:____________________________________ Date:____________________

Insurance Carrier:________________________________ Policy#:________________________