

2018 LEATHERNECK WOMEN'S SOCCER FALL CLINIC

NOVEMBER 10TH 1-4:00 PM

Please make checks payable to:
"WIU Soccer Spring Clinic"

Mail completed Registration/Consent Form and Camp Fees to:
Dr. Eric Johnson, Director of Soccer
Western Illinois University
203 Western Hall
Macomb, IL 61455
or via online payment available at
LeatherneckTickets.com

Registration confirmation will be sent out.

WWW.GOLEATHERNECKS.COM

FACILITY

The clinic is scheduled to be held on the soccer practice fields behind Brophy Hall. As a backup, the clinic may also be held at Hanson Field/ Brophy in case of weather.

Western Illinois University's athletic camps & clinics are open to any and all entrants limited only by number, age, grade level, and/or gender.



Dr. Eric Johnson
Director of Soccer | 21 seasons

Dr. Eric Johnson, the all-time winningest men's soccer coach in Summit League history, expanded his head coaching duties at Western Illinois University. In 2016, Johnson agreed to take over as Director of the Soccer programs and serve as the head coach for both the men's and the women's teams.



Josée Primeau
Assistant Coach | 1st season

After serving as a graduate assistant coach for two seasons, Josée Primeau transitioned to a full-time position in July 2018. For the Purple and Gold, she is tasked with coaching, maximizing player development as well as helping with recruiting efforts.

WHAT TO BRING

Soccer training gear (socks, shin guards, flats, cleated shoes, clothing for both indoors and outdoors)

SCHOOL DATES/DETAILS

- The session runs Saturday, November 10 from 1- 4:00 p.m.
- High school players in grades 10 through 12, as well as current junior college players, are invited.
- Attendance is limited to the first 50 players who register and pay.
- Participants will receive a Leatherneck Soccer t-shirt.
- The cost is \$35.
- Form should be returned to Eric Johnson through mail, email (ep-johnson@wiu.edu), or online at LeatherneckTickets.com
- Checks must be mailed.

PARENTAL RELEASE: We (I) hereby request that you accept the application of _____ in the 2018 Western Illinois University Spring Soccer Clinic during the dates set forth in this application and in consideration of your acceptance of the application, we (I) hereby release the WIU Board of Trustees, Soccer School and all its employees for any claims on account of any injuries which may be sustained by our (my) child while attending the WIU Soccer School, and we (I) agree to indemnify the WIU Board of Trustees, Soccer School, and its employees for any claim which may hereafter be presented by our (my) child as a result of any such injuries. Furthermore, we (I) certify that, within the past year, my child has had a physical examination and is physically able to participate in sports activities. In the event of illness or injury, we (I) give consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery. Primary insurance is that of the family and SECONDARY insurance is that of the Western Illinois University Soccer School

Parent's or Guardian's Signature: _____ Date: _____
 Last Name: _____ First Name: _____
 E-Mail: _____ Birthday: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Parent/Guardian: _____ School Name: _____ Coach's Name: _____
 2018-19 School Grade: _____ School Name: _____
 Please send me _____ additional brochures
 Please use a separate application for each camper. This form may be duplicated.
 Insurance Company: _____
 Circle t-shirt size: XL L M