

ROCKFORD UNIVERSITY WOMEN'S SOCCER ID CLINIC Spring 2020

ROCKFORD SOCCER ID CLINIC

Location: Rockford University Soccer Training Field
5050 E State St., Rockford, IL 61108

Age Range: Grades 9-12

Date: Sunday, March 29, 2020

Time: 12:00 PM - 2:00 PM

Cost: \$45

WOMEN'S SOCCER ID CLINIC

The Rockford University women's soccer program and head coach Breena Proctor are proud to present a Spring College ID Clinic on Sunday, March 29, 2020. The clinic will allow you to experience a collegiate atmosphere and training session. It is open to any 9th-12th graders who are looking to pursue playing soccer at the collegiate level.

CLINIC SCHEDULE

Sunday, March 29, 2020

11:00 a.m. - Check-In

11:15 a.m. - Admissions Meeting (optional)

11:45 a.m. - Second Check-In

12:00 p.m. - Soccer Clinic

2:00 p.m. - Question & Answer Session

2:30 p.m. - Campus Tour (optional)

Optional Overnight Starting Saturday, March 28, 2020
for 2020/2021 High School Graduates!



GoRegents.com
Rockford University
5050 E. State St.
Rockford, IL 61108

(See other side for more information.)

REGISTRATION FORM ROCKFORD UNIVERSITY WOMEN'S SOCCER ID CLINIC, Spring 2020

Please read and sign the release on the back of the form. (Release is required for registration)

Include payment and mail to: Rockford University Athletics, Attn. Soccer ID Clinic, 5050 East State Street, Rockford, IL 61108-2393

For information, contact Head Coach Breena Proctor (860.597.3994 or bproctor@rockford.edu) or visit www.GoRegents.com

(Please print. One student registration per form. No registrations will be taken without payment.)

Student name _____ Age _____ Date of Birth _____ Grade _____

Parent(s) name(s) _____ Address _____

City _____ State _____ Zip _____ Phone _____ Email _____

School _____ Club _____

Please check any of the following optional events you would like to attend:

- Admissions Meeting Overnight for 2020/2021 Graduates
 Campus Tour

Rockford University Women's Soccer ID Clinic - March 29, \$45

I am paying by check. (Make checks payable to Rockford University Women's Soccer)

I am paying by credit card. MasterCard VISA Discover

Amount \$ _____ Name on card _____ Billing address _____

Card number _____ Security code (from back) _____ Exp. date _____ Signature _____

Rockford University reserves the right to verify information provided on this form.

ROCKFORD UNIVERSITY WOMEN'S SOCCER ID CLINIC Spring 2020

Breana Proctor, Head Women's Soccer Coach



Breana Proctor is entering her first season as the head women's soccer coach at Rockford University. She brings with her a wealth of coaching knowledge at both the collegiate and club levels. Proctor is the twelfth head coach in the program's history.

Proctor comes to Rockford after coaching at both the collegiate and club levels. Most recently, she spent the last two seasons as the head women's soccer coach at Purchase College. Prior to that, Proctor

was the top assistant coach at Simpson College for two years. In addition to her collegiate coaching experience, Proctor has also made multiple coaching stops at the club level. Most recently she was the Head Coach of the U16 Team and Co-Director of the Fusion Soccer Program in Des Moines, Iowa.

Proctor entered the coaching ranks following a highly successful four-year playing career at Springfield College. During her time at Springfield, the Pride won three NEWMAC regular season titles, three NEWMAC Tournament titles and earned four berths in the NCAA Tournament. Proctor also received the Kate Richardson Unsung Hero Award for her contributions to the team during her senior season.

WHAT TO BRING

Campers should bring practice clothes, cleats, indoor shoes and shin guards. Campers should avoid bringing valuables—the clinic is not responsible for lost or stolen articles. Water will be provided.

INSURANCE

All campers must have their own medical insurance. Parent(s) must give permission for camp staff to act on the camper's behalf in case of a medical emergency when the parent(s) cannot be reached.

CLINIC STAFF

Rockford University hires coaches who are committed to providing a positive camp experience through the learning of fundamentals of soccer.

(See other side for more information.)



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Agreement and release of liability

By signing this agreement, we certify that we are the parents or other legal guardians of the individual whom we are registering for the Rockford University Soccer Clinic, and that there are no other parents or legal guardians for this child.

Agreement to follow rules and regulations. We agree at all times to abide by all of the program rules established by Rockford University for its Soccer Clinic, and to ensure that our child complies with those rules. We understand and acknowledge that if we or our child fail to abide by such rules at any time our child may be removed from the program.

Release and waiver of liability. In consideration for Rockford University permitting our child to participate in its Soccer Clinic, we hereby agree as follows:

We agree that Rockford University, its officers, employees, and agents, shall not be liable for any injury to the person or property of our child arising out of or related to our child's presence on Rockford University's premises, his or her participation in any aspect of the University's Soccer Clinic, or occurring while our child is under the care, supervision or responsibility of any Rockford University officer, employee or agent.

We hereby agree to defend, indemnify, and hold harmless Rockford University, its officers, agents, and employees, from and against any claims, demands, actions, losses, or cause of action whatsoever arising out of or related to any injury to person or damage to property of our child while our child is on Rockford University's premises, participating in any aspect of the University's Soccer Clinic, and/or under the care, supervision, and/or responsibility of any Rockford University officer, employee or agent, whether such claim, demand, action, loss, or cause of action results from an act or omission, including the negligent acts or omissions, of Rockford University, its officers, employees or agents, or from some other cause, whether foreseeable or unforeseeable.

Consent to medical treatment. In the event that Rockford University, in its sole discretion, determines that there is or may be a medical emergency requiring immediate medical treatment for my child, we hereby authorize any officer, employee or agent of Rockford University to secure and consent to the transportation and/or treatment of our child by any licensed ambulance, physician, hospital, or other medical personnel, and we agree that we shall be financially responsible for payment of any and all such medical transportation and/or treatment.

Important notice – Immunization law. By Illinois state law, students born after 1/1/57, registered for MORE THAN ONE class at a college or university in Illinois, MUST provide proof of immunization against measles, mumps, rubella, diphtheria and tetanus. This information may be obtained from school records or a family physician.

Safe playing environment. Rockford University pledges to provide an opportunity for youth to learn the fundamentals of his/her sport and to develop individually and as a member of the team. We will do our best to provide a safe playing environment and will set an example for fair play and sportsmanship. To this goal, each coach, assistant coach and volunteer agrees to abide by the University's Risk Management Guidelines for Rockford University Employees and Volunteers Working with Youth (copy available upon request).

Consent to photograph. I give Rockford University permission to photograph (still photograph, audio recording, motion picture footage) my minor camper and use such photographs in all media forms, for any and all promotional purposes including advertising, publicity, display, audiovisual, exhibition, commercial or editorial use.

Signature _____ Relationship to child _____

Signature _____ Relationship to child _____