

# 2018 VASSAR COLLEGE MEN'S SOCCER ID CAMPS

SESSION I: APRIL 29, 2018 - SESSION II: JULY 8, 2018 - SESSION III - AUGUST 12, 2018



THE VASSAR COLLEGE ONE-DAY SOCCER CLINICS EXPOSE RISING HIGH SCHOOL JUNIORS AND SENIORS TO A COMPETITIVE TRAINING ENVIRONMENT THAT FOCUSES ON THE TECHNICAL AND TACTICAL PERSPECTIVES OF COLLEGIATE SOCCER. IT PROVIDES WITH AN IN-DEPTH LOOK AT OUR COACHING STYLE, SOCCER FACILITIES, THE ADMISSION PROCESS AND VASSAR COLLEGE. NUMBERS WILL BE LIMITED.



# CLINIC INFORMATION

## SCHEDULE:

9 AM: Registration at J.L. Weinberg Field Sports Pavilion  
9:15 AM: Session I - Warm Up, Tactical and Small Sided  
Noon: Lunch and Admsisions/Recruiting Discussion  
1:30 PM: Session II - Warm Up & 11 v. 11  
4:00 PM: Closing

## COST:

\$75 Includes:

- Lunch in campus dining hall
- Recruiting & Admission Discussion
- T-Shirt
- Locker Rooms & Showers

## WHAT TO BRING:

- 2 sets of soccer clothing
- Outdoor & indoor soccer boots
- Shin guards
- Towel
- Rain jacket

## DIRECTIONS:

- Please click [HERE](#) for directions to J.L. Weinberg Sports Pavilion. The facility is located at the intersection of Hooker Avenue and Brewers Lane. The facility features three practice fields, one of Division III's premier game fields in Gordon Field, and athletic training, shower, laundry and rehab facilities.

## LODGING:

- Vassar College has many great hotels within a short distance of campus, including some within walking distance. To find a hotel that fits your needs, please click [HERE](#) for the College's official list of hotels.

## TOUR:

- The Vassar College Office of Admissions offer tours and information sessions throughout the year. To learn more about a tour at Vassar College, click [HERE](#). Online pre-registration is encouraged, but walk-in visitors are always welcome.

# REGISTRATION FORM

Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Pos. GK B MF F  
T-Shirt Size: S M L XL  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
HomePhone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
School: \_\_\_\_\_  
Graduation Year: 2018 2019 2020 2021  
HS Coach: \_\_\_\_\_  
Coach's Phone: \_\_\_\_\_  
Coach's Email: \_\_\_\_\_  
Club: \_\_\_\_\_  
Club Coach: \_\_\_\_\_  
Club Coach's Phone: \_\_\_\_\_  
Club Coach's Email: \_\_\_\_\_

Session: April 29 July 8 August 12

Cost: \$75 Per Session

All Three Camps are from 9 AM-4 PM. To enroll, please return this form AND the consent and waiver form to the address below: Make make checks payable to Vassar College. Full refunds up until April 1 for the April 29th clinic, June 1 for the July 8 clinic, and July 1 for the August 12 clinic. After these dates, there will be no refund.

Please mail check and all forms to:  
Ross Macklin, Assistant Men's Soccer Coach  
Vassar College  
Box 750  
124 Raymond Ave.  
Poughkeepsie, NY 12604-0750

# MEET THE COACHES



**Andy Jennings**, named the 2009, 2012 and 2016 Liberty League Coach of the Year, led the Vassar Brewers to the Liberty League Championship in 2011 and 2016, taking the team to the NCAA Championships in 2011, 2012 and 2016.

[FULL BIO](#)



**Ross Macklin**, finished his fourth season as the Vassar College men's soccer assistant. Macklin was a conference champion and NCAA Tournament participant with Vassar as a player. He also competes for semi-professional NPSL side Stockade FC.

[FULL BIO](#)



**Chuck Wilder**, is well known in Hudson Valley soccer circles for his extensive playing and coaching experience. Wilder has been part of the Vassar College coaching staff since the 2008 season.

[FULL BIO](#)

# 2017 Sports Clinics

## Clinic Attending:

Clinic Name: \_\_\_\_\_

Clinic Date(s): \_\_\_\_\_

Clinic Head Coach: \_\_\_\_\_

## PERSONAL INFORMATION & MEDICAL HISTORY

### PLEASE RETURN TO CLINICS HEAD COACH BEFORE PARTICIPATION

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Clinic \_\_\_\_\_

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.)

Has/Does the participant:

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

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

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

Describe reaction and management of the reaction.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Is there any reason why this camper's activity at camp 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/overline medications will be administered by Clinic Staff.\***

☐ This person takes NO Medication on a routine basis.

☐ This person takes daily/routine medications as follows:

Med #1 \_\_\_\_\_ Dose: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Med #2 \_\_\_\_\_ Dose: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

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

Medication #1 \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Medication #2 \_\_\_\_\_ Reason for taking: \_\_\_\_\_

## **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: [mcallahan@vassar.edu](mailto:mcallahan@vassar.edu)

Department of Athletics & Physical Education, Box 750, Poughkeepsie, NY 12604  
Phone 845-437-7450 Fax 845-437-7103  
Website: [www.vassarathletics.com](http://www.vassarathletics.com)