SUNY Oneonta Soccer Summer Clinic

**When:** Sunday, July 24, 2016  
**Where:** Red Dragon Field on the Campus of SUNY Oneonta  
**Cost:** $75.00 per camper includes Oneonta Training Shirt

**Time:** Registration 11am – 12pm  
**Rain Plan:** Alumni Field House  
**Open to Girls Ages 15-18 years old at time of camp.**

The SUNY Oneonta Soccer Summer Clinic is intended for high school girl’s ages 15-18 years old looking to improve their soccer skills. This clinic is an excellent opportunity to brush up on your skills before your high school season gets underway!!

The Clinic will focus on individual technical skills instruction with an opportunity to show your skills in live games.

**Pre-registration is recommended.** We will limit the camp size to 60 girls so that individualized attention from coaching staff will be a priority. Please fill out the registration form and mail it to the address below along with cash or check for $75.00. Checks should be made payable to: SUNY Oneonta Women’s Soccer. No refunds will be given without medical documentation stating camper is unable to participate in the clinic.

Please mail all registrations and payments to:

**Attn:** Head Coach Liz McGrail  
SUNY Oneonta  
Chase PE Building 203  
Oneonta, NY 13820

Any questions may be directed to Head Soccer Coach, Liz McGrail at 607-436-3474 or liz.mcgrail@oneonta.edu

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### ABOUT THE SUNY ONEONTA WOMEN’S SOCCER WINNING TRADITION:

- **2015 NCAA Round of 32**, SUNYAC Champions 15-4-2  
- **2013 NCAA Round of 32**, Undefeated SUNYAC Champions 13-5-3  
- **2010 NCAA Sweet 16**, SUNYAC Champions 17-5  
- **2009 NCAA Round of 32**, SUNYAC Regular Season Champions 12-6-3  
- **2008 NCAA Tournament**, SUNYAC Champions 14-6-2  
- **2007 NCAA Tournament**, SUNYAC Champions 17-4-1  
- **2006 NCAA Round of 32**, Undefeated SUNYAC Champions 18-3-1  
- **2005 NCAA Elite 8**, Undefeated SUNYAC Champions 21-2-2  
- **2004 NCAA Elite 8**, Undefeated SUNYAC Champions 21-2-1  
- **2003 NCAA National Champions**, Undefeated SUNYAC Champions 21-1-3  
- **2002 NCAA Sweet 16**, Undefeated SUNYAC Champions 20-3-1  
- **2001 NCAA Round of 32**, Undefeated SUNYAC Champions 18-4  
- **2000 NCAA Sweet 16**, Undefeated SUNYAC Champions 20-2  
- **1999 NCAA Round of 32**, Undefeated SUNYAC Champions 18-3-2

NCAA record: fastest goal 10 seconds, NCAA record: 101 game conference unbeaten streak  
Twelve Consecutive NCAA Tournament Appearances; only team in NYS Division I, II, or III
2016 SUNY Oneonta Soccer Summer Clinic Application

To register for the Summer Soccer Clinic send a check or cash for $75.00 made payable to: SUNY Oneonta Women’s Soccer, along with this completed form to:

Attn: Head Coach Liz McGrail
SUNY Oneonta
Chase PE Building 203
Oneonta, NY 13820

Participant’s Name: ________________________________  Parent/Guardian’s Name: ________________________________

Address:

City: ___________________ State: _______ Zip: _______

Home Phone: _______________  Cell Phone: _______________

Email: _______________________

Date of Birth: _______________  HS Graduation Year: _______________

Shirt Size (Women’s Sizes): Small  Medium  Large

Primary Position: ________________________________  Secondary Position: ________________________________

Height: _______________  Weight: _______________

High School: ________________________________  HS Jersey #: _______________

High School Coach’s Name/Phone #: ________________________________

Club Team: ________________________________  Club Team Jersey #: _______________

Club Team Coach’s Name/Phone #: ________________________________

High School GPA: ________________________________

SAT Total/M/V/W: ________________________________

ACT Total: ________________________________

Intended College Major: ________________________________

Insurance Waiver:
I, the undersigned, realize that participation in any sport may cause physical injury. In the event of an injury, I authorize the athletic trainer or appropriate medical personnel to administer first aid or care as deemed necessary. I release SUNY Oneonta, the camp staff and officers, and any representatives, of any claims for damages to persons or property while at the camp site.

Parent/Guardian Signature: ________________________________  Date: ________________________________

Insurance Information:
Name of Insurance Company: ________________________________

Name of Policy Holder: ________________________________

Relationship to Policy Holder: ________________________________

Policy Number: ________________________________

Group Number: ________________________________

Emergency Contact:
Emergency Contact Phone #: ________________________________