

Saint Rose Women's Soccer

2019 Spring ID Clinic

- **Date:** Sunday April 14th
- **Time:** 12:00 pm – 3:00 pm
- **Ages:** 9th – 12th Grade & Junior College
- **Price:** \$50
- **Where:** The College of Saint Rose Plumeri Sports Complex

The College of Saint Rose Women's Soccer **NCAA Division II Final Four 2008, 2009, 2010, 2011, 2012, 2014** **2011 NCAA National Champions**

This clinic is for individuals and teams who want to develop better techniques, improve technical skills, and be trained and evaluated by collegiate coaches. It is designed for players who want to maximize their potential and have a desire to play in a successful college program.

Clinic Includes

- Individual and Group Training, Professional Coaching, Goalkeeper Training
- Single and Multi-player drills

Clinic Directors and Staff

- **Laurie Darling Gutheil;** Saint Rose Women's Soccer Head Coach (23rd Year)
2009, 2011 NSCAA National Coach of the Year, 2 Time Northeast-10 Coach of the Year, Collegiate All-Star, Developed one of the top Division II programs in the Nation, Coached 43 NSCAA All-Americans to date, 3-Time NSCAA East Region Coach of the Year, NCAA Final Four 2008, 2009, 2010, 2011, 2012, 2014, National Champion: 2011
- **Jason Gutheil;** Saint Rose Women's Soccer Assistant Coach (19th year)
Goalkeeper Trainer, recruiting specialist, evaluator of prospects, game analyst
- **Renaë Ransdell;** Saint Rose Women's Soccer Assistant Coach (13th Year), The College of Saint Rose Hall of Fame Inductee (2012), 3-Time All-Conference and All-Region recipient, 5th all-time leading scorer at Saint Rose
- **Kailey Egbert;** Saint Rose Women's Soccer Assistant Coach (9th year), 2008 NSCAA All-American, 2009 Northeast-10 Woman of the Year, 2009 NCAA Woman of the Year Finalist, Physical Therapist
- **Meeghan Arno;** Saint Rose Women's Soccer Assistant Coach (3rd year), member of the 2011 National Championship team, 2013 Northeast-10 Conference Tournament Most Outstanding Player

To Register:

Call: 518-454-2042

E-mail: gutheil@strose.edu

Fax: 518-458-5457

Mail: See address below

Clinic itinerary will be e-mailed by April 13th



Registration Ends April 13th, 2019
The College of Saint Rose Sports Clinic
Registration & Medical Consent Form

_____ *first letter of last name*

Clinic Date: 4/14/2019
Location: Plumeri Sports Complex
Sport: Women's Soccer (please note if you are a GK) _____

Participant Name: _____ Date of Birth: _____ Age: _____
Year of Graduation: _____ Name of School: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____
Phone #: _____ Email: _____
Years Playing Experience: _____ Club Team: _____
Allergic Reactions (ie. bee stings): _____
Present Medication: _____
Participant's Insurance Company: _____
Policy Holder: _____
Policy Number: _____
Will a parent/guardian be staying at the clinic site during this clinic? YES NO
If YES, Name: _____ Relationship to child: _____
If NO, provide contact information in the event of an injury or emergency:
Emergency Contact Name: _____
Emergency Phone #: _____ Cell Phone #: _____

MEDICAL RELEASE

The College of Saint Rose and the Athletic Department Release Statement:

I hereby release The College of Saint Rose and all members of the Saint Rose Clinic from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp.

I certify that my child is in good health and is able to participate in physical activities, including this sport. In the event of illness or injury, I grant the Saint Rose representatives the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for any and all medical expenses incurred by my child while attending the clinic. I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge The College of Saint Rose and its staff, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in clinic or camp activities or while at clinic or camp, whether or not damages, injury, or loss is due to negligence.

I have read and freely sign this agreement which shall take effect as a sealed instrument, which includes an email submission of this document without signature.

Parent/Guardian Signature and Date:

_____ Date: _____

Please make checks payable to: Saint Rose Women's Soccer
Send registration and medical waiver form and payment to:
Saint Rose Women's Soccer Attn: Laurie Darling Gutheil
432 Western Avenue Albany, NY 12203