

# PANTHERS ID CAMP



**EIU**  
WOMEN'S SOCCER



## WOMEN'S SOCCER ID CAMP

Saturday, July 29, 2023

GRADES 9-12 | 10 AM - 4 PM

OPEN TO ANY AND ALL ENTRANTS

*(limited only by number, age, grade level and/or gender)*

Training will take place at Lakeside Field, (new game field).  
The camp is open to any and all high school (freshmen – seniors)  
and current junior college players.

All participants need to bring shin guards and outdoor cleats.

**WOMEN'S ID CAMP REGISTRATION: Registration will be in the  
IKE KENNARD CLUB ROOM (LANTZ ARENA) from 9:30-10:00 am.**

**CAMP COSTS: \$100.00 per person**

**Register Online: [www.eiupanthers.com](http://www.eiupanthers.com), Fan Zone, Sports Camps**

### 2023 Women's Soccer Camp Registration Form

As a parent (or guardian), I hereby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities.

I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

PARTICIPANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE IN FALL, 2023: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GOALKEEPER: \_\_\_\_\_ YES \_\_\_\_\_ NO

POSITION PLAYED: \_\_\_\_\_ DEF \_\_\_\_\_ MID \_\_\_\_\_ FWD

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

EMAIL: \_\_\_\_\_



**EASTERN  
ILLINOIS**

PLEASE RETURN THIS REGISTRATION FORM TO:

### EASTERN ILLINOIS WOMEN'S ID SOCCER CAMP

ATTENTION: DIRK BENNETT, 1303 O'BRIEN STADIUM, CHARLESTON, IL 61920

OR REGISTER ONLINE AT [WWW.EIUPANTHERS.COM](http://WWW.EIUPANTHERS.COM)

## HEALTH & CONSENT FORM

This medical treatment and billing authorization form **MUST** be completed and **SIGNED** by the parent to enable the camper to participate.

Camp Attending \_\_\_\_\_ Camp Code: **WSOC774**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent / Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### HEALTH INFORMATION

Does camper have a history of:

\_\_\_\_\_ Convulsions \_\_\_\_\_ Heart Defect/Murmur \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ Surgery (past 2 years) \_\_\_\_\_ Mumps

Brief description of items checked \_\_\_\_\_

Medications: Type, dosage and frequency (list) \_\_\_\_\_

Allergies: (medications, foods, stings, other) \_\_\_\_\_

### INSURANCE INFORMATION

**EASTERN ILLINOIS UNIVERSITY REQUIRES** that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased (through your insurance agent) to cover the camper for the duration of the sports camp.** The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.

Insurance Carrier Name \_\_\_\_\_

Carrier Address/Phone \_\_\_\_\_

Policy / Group Number \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:** I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation) \_\_\_\_\_ Date \_\_\_\_\_

**Athletes must come to the Panther Camps physically sound.**

**No preventative taping will be administered for injuries received prior to camp.**

**HEALTH and INSURANCE:** Each applicant must have a Health Consent Form signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at [www.EIUPanthers.com](http://www.EIUPanthers.com). This form must be completely filled out, signed and returned to us, along with registration.

**QUESTIONS? SIGN UP? CALL COACH DIRK BENNETT at 217.549.9562 OR EMAIL [debennett@eiu.edu](mailto:debennett@eiu.edu).**