

# I.D. SOCCER DAY CAMP



## PRE-SEASON ID CAMP FRIDAY, JULY 25, 2025

**GRADES 9-12 & JUCO - 4:00-7:00 pm**

*Open to any and all entrants (limited only by number, age, grade level and/or gender)*

### CAMP REGISTRATION:

Check-in will be in the Ike Kennard Club Room in Groniger Arena - Lantz Complex

**2:15 PM:** Check-In for the Optional Groniger Arena Tour

**2:30 PM:** Optional Groniger Arena Tour Begins

**3:30 PM:** Check-In Begins

**4:00 PM:** Camp Begins

**7:00 PM:** Optional Q&A Session

**COST:** \$100.00 per person

### CAMP LOCATION:

LAKESIDE FIELD/O'BRIEN STADIUM (weather permitting)

**ALL PARTICIPANTS NEED TO BRING SHIN GUARDS AND OUTDOOR CLEATS.**

*"To maximize player evaluation and coaching interaction, camp enrollment is limited to 48 players (40 Field Players & 8 Goalkeepers)."*

**If you have any questions, please call Coach Bennett at (217) 549-9562.**

### 2025 SOCCER I.D. 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: \_\_\_\_\_ T-Shirt Size: (A) \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ DAYS ATTENDING: \_\_\_\_\_

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

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

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

**PLEASE RETURN THIS REGISTRATION FORM TO:**

**EIU SOCCER CAMPS - 2025 I.D. SOCCER DAY CAMP**

**600 LINCOLN AVE., CHARLESTON, IL 61920**

**OR REGISTER ONLINE AT 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: **SOC-ID**

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.EIUpantthers.com](http://www.EIUpantthers.com). This form must be completely filled out, signed and returned to us, along with registration.