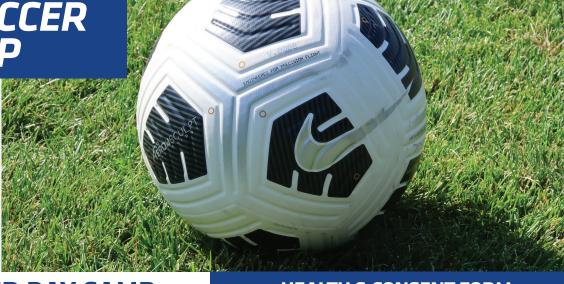


CO-ED SOCCER



## CO-ED SOCCER DAY CAMP

MONDAY, JUNE 2 - THURSDAY, JUNE 5, 2025 GRADES 1-4 • 10:00 AM - NOON

## MONDAY, JUNE 9 - THURSDAY, JUNE 12, 2025 GRADES 5-8 • 10:00 AM - NOON

# at LANTZ FIELD HOUSE/LAKESIDE FIELD OPEN TO ANY AND ALL ENTRANTS

The objective of this camp is to provide an opportunity for the youth of the surrounding area to enjoy a half day of soccer and soccer related activities. The camp, which is open to any and all, will focus on technical and tactical development of each individual and hopes to serve as an education of the fundamental philosophies of EIU Soccer. Each session will involve technical repetition as it pertains to the match in small and full sided game scenarios.

CO-ED DAY CAMP REGISTRATION: Registration will be held at Lakeside Field.

CAMP COSTS: \$125.00 per person for half day camp. Cost includes camp T-shirt
(additional shirt \$15), and use of University facilities.

Please bring your own ball. If you do not own a ball, contact Coach Bennett for an alternative option. If you have any questions on the curriculum or daily schedule, please call Coach Bennett at (217) 549-9562

#### 2025 CO-ED SOCCER DAY 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.

EMAIL:				
PARENT/GUARDIAN SIGNATURE				
PARENT/GUARDIAN NAME:				
DADENT/CHADDIAN NAME.				
AGE: BIRTHDAY:	DAYS ATTENDING:			
SCHOOL ATTENDING:	T-Shirt Size (Y)	_(A)		
HOME PHONE: ()				
CITY / STATE / ZIP:				
MAILING ADDRESS:				
PARTICIPANT'S NAME:				
DA DELCIDA NITIC ALAMA				

#### PLEASE RETURN THIS REGISTRATION FORM TO:

EIU SOCCER CAMPS - 2025 CO-ED SOCCER DAY CAMP
600 LINCOLN AVE., CHARLESTON, IL 61920
OR REGISTER ONLINE AT WWW.EIUPANTHERS.COM
Questions? Call Coach Bennett at (217) 549-9562 or debennett@eiu.edu

### **HEALTH & CONSENT FORM**

This medical treatment and billing authorization form MUST be completed and SIGNED by the

parent to enable the c	amper to participate.		
Camp Attending			Camp Code: SOC764
Camper Name		Age _	Gender
Address			
	EMERGENCY CONTACT II		
Parent / Guardian		Relationship	
Home Phone		Work Phone	
Emergency Contact		Relationship	
Home Phone		Work Phone	
	<b>HEALTH INFORM</b> Does camper have a		
Convulsions _	Heart Defect/Murmur	Asthma	Chicken Pox
Diabetes	Bleeding DisorderSur	gery (past 2 years	s)Mumps
·	ems checked		
	sage and frequency (list)		
	s, 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 <b>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)

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.ElUpanthers.com. This form must be completely filled out, signed and returned to us, along with registration.