

SCSU COLLEGE ID SOCCER CLINIC

Clinic is held in *Husky Stadium* on the campus of
St. Cloud State University



April 17th, 2011 – 9:00 am – 3:00 pm

- \$60 per player (includes lunch)
- Limited to 40 participants
- Bring your cleats, ball and water bottle.

CLINIC AGENDA

9 - 10:15 am Intense Technical Training
10:20 - 11:10 am Scrimmage
11:15 - 11:45 am NCAA recruiting rules Q & A
11:45 - 1:00 pm Lunch
1:00 pm SCSU vs. CSP



Sponsored by: *PacificWok*
616 2nd St. S, St. Cloud, MN
1733 Pine Cone Road S, Sartell, MN

- Clinic is designed for players to gain a better understanding of the demands of college soccer.
- SCSU staff will train you as if you were a current college player.
- Compare your strengths and weaknesses to other potential college players.
- **Contact:** (320) 308-4967
or raheiberger@stcloudstate.edu

SCSU COLLEGE ID SOCCER CLINIC registration form

Complete one for each participant and return with a check payable to SCSU Soccer, 304 Halenbeck Hall, 720 Fourth Avenue S, St. Cloud, MN 56301-4498. Please return by: Friday, April 8th, 2011

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Age: _____ Email: _____
Position: _____ Club Team: _____
School: _____ Graduation Yr: _____

**Are YOU
ready for
the next
level?**

Coach Becky Heiberger-McCabe
2009 NSIC "Coach of The Year"
Teams qualified for post-season play
in the NSIC in 2008, 2009 and 2010



I herby acknowledge that my child _____ is medically fit to participate in the SCSU Soccer Clinic. I authorize the director to secure any medical treatment deemed necessary and waive and release the clinic, its instructors, and St. Cloud State University from any and all liability for any injuries.

Parent or Guardian Signature: _____ Date: _____