



2011 WNY NCAAAA Premier Soccer Combine



GOAL: NCAAAA (National Council on Academic & Athletic Accreditations) performs certified independent evaluations of athlete's technical, tactical and athletic abilities for their personal collegiate soccer resume.

Date:	Sunday November 20 th	Cost:	\$50 per player
Time:	10:00am – 2:00pm	Payment to:	Red Penguin Athletics
Location:	Premier Sports 701 Phillip Rd Webster	Mail to:	PO Box 10008 Rochester NY 14610
Questions:	cbianchi@redpenguinathletics.com	Questions:	Phone 585-576-0572

******Registration Deadline November 14**

Evaluations Performed

Timed 40 Dash	Bench Press	Sit-n-Reach	Height / Weight	Shot Velocity
Pro Agility Run	Vertical Jump	Broad Jump	Skill Evaluation	Radar Gun

- Athlete will receive a Certified NCAAAA Evaluation Report & Ranking via email at the conclusion
- Athlete will receive a Certified NCAAAA thirty (30) minute Collegiate Soccer Recruiting Seminar
- Attending players will be eligible for the Spring 2012 WNY All Star Soccer Game Showcase.
- DVD's of the combine can be purchased at the end of the clinic to assist players highlight DVD

Registration Form				
Player's Name:				Date of Birth
Address:			City:	Zip:
Phone number:			E-mail Address:	
Father's Name			Mother's Name	
Grade: (current)	7 th	8 th	9 th	10 th 11 th
Club Team	Position			HS GPA
Medical/ Health				
Medical Insurance Company	Policy Number	Physician's Name		Telephone #:
Known medical conditions?		Medications?		
In case of an emergency and the Parent(s)/Guardian(s) cannot be reached, contact the following				
Name:				Telephone #
Waiver/ Parent Agreement				
<p>I/We give permission for any medical attention necessary to be administered to my/our child by a licensed Medical Professional in the event of an accident or injury until I/we can be contacted. This release is effective for the 2011 season. I /we will assume responsibility for payment of treatments. I/We the parent of the above named child, give my approval for his/her participation in any and all activities of the RPA Inc. during the 2011 season. I/We do further release, indemnify and hold harmless any liability, direct or indirect, from anyone representing the RPA Inc., and/or any of the members, officers, organizers, supervisors, any and all of them. In case of injury to my child, I hereby waive all claims against the organizers. I am the parent/guardian noted above. I have read the waiver above and agree to all the terms and conditions.</p>				
Parent Signature:				Date:
OFFICE USE ONLY	Check #	Cash \$		Date: