INDIVIDUAL DAY CAMP - FOR BOYS AND GIRLS

July 11-14, 2016

Group 1: 9 a.m.-Noon
Cost: $120 (ages 5-10)*

Group 2: 1 p.m.-4 p.m.
Cost: $120 (ages 11-17)*

The purpose of this camp is to offer the novice and experienced player an opportunity to develop their individual and team skills. The goal is to improve each camper’s technical skill and tactical awareness.

Camper benefits:
- Daily devotions
- Tactical training
- Small-sided games
- Camp ball
- Liberty soccer T-shirt

*Must register at Thomas Indoor Soccer Center by June 15 to receive a camp ball and Liberty Soccer T-shirt.

REGISTRATION

Group 1: July 11 at 8:45 a.m.
Thomas Indoor Soccer Center

Group 2: July 11 at 12:45 p.m.
Thomas Indoor Soccer Center

The camp is open to any and all entrants (limited only by number, age, grade level, and/or gender).

There is a $5 multi child discount for the second/third child that attends camp. (A completed registration form and deposit is required for each child).

Please complete both sides of this form and return it with the nonrefundable deposit to reserve your space at camp.

Sponsors:
- Chick-fil-A
- REHAB ASSOCIATES OF CENTRAL VIRGINIA

MEDICAL INFO

Emergency contact name and phone number:

Physician name and phone number:

Date of last tetanus toxoid:

Allergic reactions? ___No ___Yes (if yes, list allergen)

Medication presently taking:

Past illness or other information that would be useful in the event treatment is necessary:

Health insurance company:

Agent’s name:

Policy number:

Phone number:

Any instructions regarding your insurance?

Parental Consent Form

This completed form will enable health facilities in Lynchburg and camp medical staff to provide prompt care to your minor son or daughter. All areas of this form must be completed prior to camp registration.

I/We represent that I/We have sought the opinion of our child’s pediatrician, and he/she is fully capable of safely engaging in these activities.

I/We also understand that it is my/our responsibility in caring for the camper listed above, to assure that he/she is fully capable of engaging in this sport’s activity, and I/we are confident that he/she is able to engage in such sport.

I/We understand that, as with any sport, injuries can occur, and we hereby admit that our child is physically and mentally capable of participating in soccer and camp activities.

Signature(s) of parent or guardian:

Date: ___________________
JEFF ALDER SOCCER CAMPS -- ASSUMPTION OF RISK AGREEMENT

I, the Parent/Guardian named below, being 18 years of age or older and a parent or legal guardian of the participant named below ("my child"), desire to allow my child to participate in the JEFF ALDER SOCCER CAMP and/or SOCCER MANIA LLC ("Camp") provided by Liberty University. In consideration of my child being a participant in the Camp, I agree to the terms below and hereby assume all risks associated with my child’s participation in the Camp, including those specifically identified in the following provisions:

**Risks:**
The Camp has certain inherent risks, which may affect my child, including, but not limited to, property damage or loss, temporary or permanent bodily injury, sickness, disease, and death. Specific risks that may be involved in the Camp include, but are not limited to: unwanted contact with other participants and their playing equipment, equipment failure, fast-moving playing equipment (including things like balls), contact with the playing surface and surrounding elements, environmental conditions (including weather), slipping, tripping, falling, (including, for overnight stay, falling out of bunk beds) and my child’s individual susceptibility to harm or injury (whether known or unknown to me or my child). The results arising from these and other inherent risks may include, but are not limited to, serious neck and spinal injuries, causing complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, concussions, sprains, and other serious injury or impairment to other aspects of the body, and general health and well-being. This Camp involves traveling. Specific risks involved with traveling include: getting lost or separated from the Camp group or supervisors, contraction of communicable diseases, accidents, collision with other vehicles, whiplash, fires, explosions, defects in the vehicle or its equipment, blown out tires, overturning, breakdowns, running out of fuel, delays and being stranded, hazardous weather conditions, natural disasters, political unrest, kidnapping, criminal activity, terrorist activity, and conditions of locations not under the control of Liberty University.

**Medical Fitness and Treatment Authorization:**
I represent my child to be in sufficiently good health to participate in this Camp and that my child is free from any medical condition, physical or mental, that could interfere with my child’s ability to participate in Camp activities or that could be worsened by participating in those activities or that could endanger my child’s health or safety or the health or safety of other participants. I assert that I have valid and current insurance to cover any injury or damage my child may cause or suffer while participating in the Camp, or I agree to personally bear the costs of such injury or damage. Should my child require emergency medical treatment as a result of accident or illness arising during the Camp, I consent to such treatment. I acknowledge that Liberty University does not provide health or accident insurance.

**Photography Consent:**
I hereby grant Liberty University consent to use any photograph/likeness or video of my child for marketing purposes.

**Governing Law; Forum Selection:**
This agreement will be governed by Virginia law. Any legal action arising out of or relating to this agreement must be brought in a state court sitting in Lynchburg, VA.

Having read the above statements regarding the risks involved with the Camp, I agree to the terms above and I hereby assume the risks attendant to my child’s participation in the Camp activities, intending to bind myself, my child, and my child’s family, estate, heirs, administrators, personal representatives, and assigns.

Participant’s Name: ___________________________ Parent/Guardian Name: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

**COMPLETE IF PARTICIPANT IS 18 YEARS OR OLDER**: Having read the above statements regarding the risks involved with the Camp, I agree to the terms above and hereby assume the risks attendant to my participation in the Camp activities, including the ones stated above.

Participant’s Signature: ___________________________ Date: ___________________________