ID Clinic Overview

The Liberty men’s soccer staff is pleased to announce the 2014 ID clinic. This two-day clinic is open to all boys in grades 9-12 aspiring to play college soccer. The clinic will consist of small and large group games, focusing on different technical and tactical aspects of the game. Our staff will provide excellent instruction and insight into playing at the college level. There will also be games where each player will be coached and evaluated by the men’s soccer staff. We look forward to working with you at the clinic. The clinic is open to any and all participants limited only by age and gender.

When: Sept. 19-20
Check In: Friday, 3:30 p.m., at the East Campus Lacrosse Fields
Dismissal: Saturday
Where: The East Campus Lacrosse Fields
Price: $85

ID Camp Hotel Information:
La QUINTA Inn and Suites: 434-847-8655 (Jessica)
Cost $129.00 plus tax
Deadline for lodging is Sept. 1

Please mention Liberty Soccer ID Clinic when reserving your room
Clinic Highlights:

· Q & A session with Liberty men’s soccer staff and players

· College-level technical and tactical training sessions

· Group devotional and testimonies

· Showcase games and all-star game

Note: All soccer activities begin Friday at 4 p.m. at the East Campus Lacrosse turf fields.

In addition to your soccer cleats, please bring indoor or turf shoes. No cleats will be allowed on the indoor fields.

Registration for the ID Clinic is separate from the registration for College For A Weekend. Click below for information on CFAW.

www.Liberty.edu/CFAW

Schedule
Friday, Sept. 19
3:30 p.m. Check in at the East Campus Lacrosse turf fields
3:45-4 p.m. Warm up
4-6 p.m. ID clinic
6 p.m. Resume normal CFAW activities.

Saturday, Sept. 20
3:00 p.m. Warm up at the East Campus Lacrosse turf fields
3:15-5 p.m. ID Clinic
5 p.m. Resume normal CFAW activities.
2014 ID Clinic Registration Form

Sept. 19-20, 2014

Registration Deadline: Sept. 10

Name: _______________________ Address: ________________________
City: _______________________ State: _____________ ZIP: _________
Age: _______ DOB: _______ Parent(s)/Guardian(s)___________________
Cell Phone: _______________ Work Phone: ______________________
Email________________________________________________________
High School: _____________________ Graduation Year: ______________
Club Team: ___________________ Club Coach: _____________________
Club Coach Phone: _____________________ Position________________

Health Insurance Information

Carrier Name: ___________ Policy Number: ______________
Policy Holder: ____________________________
Policy Holder Date of Birth _____/_____/_____ 
Emergency Contact Name________________________________
Emergency Contact Number______________________________

Payment Information

___ Clinic Registration Cost: $85

___ T-shirt Size

☐ Make checks payable to “Soccer Mania” (Send registration form and check to:

Jeff Alder, 204 Wyndpark Circle, Lynchburg, VA 24502)
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: ____________________________