

2012 Liberty University Women's Soccer Fall Clinics

Dates: Please check which date you will be attending.

___ September 8th, 2012 – 9 am to 12 pm

___ September 23rd, 2012 – 12 pm to 3 pm

Cost: \$60 payable by check. Refunds will only be issued for cancelation no later than 7 days prior to the clinic.

Please mail your check with your registration to:

Liberty University Women's Soccer

ATTN: JC Soccer Camp

1971 University Blvd.

Lynchburg, VA 24502



Transportation: Each player is responsible for her travel. If you need more information regarding air or train transportation, please contact Assistant Coach Laura Armstrong at 434-582-2134 or larmstrong3@liberty.edu.

Camper Information

Name _____

Date of Birth _____

Graduation Year _____

Address _____

Email _____

Position _____

Phone _____

Club Team _____

Medical Information

Campers Physician _____

Phone _____

Date of last tetanus toxoid _____

Allergies _____

Medication currently taking _____

Insurance Company _____

Policy # _____

Phone # _____

Parent Consent

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 clinic registration. I/We, the undersigned, hereby certify that I/we are the parent or legal guardian of the camper. I hereby give permission for the staff of the clinic to seek, during the period of the clinic, appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness. I/we will be responsible for any and all cost of medical attention and treatment. I/We, the undersigned, for ourselves and as a guardian(s) of _____ (camper's name) understand that soccer is an active, physical sport, and that injuries can take place during play. I/We understand that, as with any sport, injuries can occur, and I/we hereby admit that our child is physically and mentally capable of participating in soccer and camp activities. I/We represent that I/We have sought the opinion of our child's pediatrician, _____, and he/she concurs that _____ (camper's name) 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 be assured that she is fully capable of engaging in this sports activity, and I/we are confident that she is able to engage in such sport. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge JC Soccer Camp, the Liberty University soccer coaches, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damage, injury, or loss is due to negligence.

Signature of Parent of guardian _____ Date _____