

JC Soccer -- Elite Winter Camp for Girls

Registration Form

Transportation

Each camper is responsible for her own transportation to and from camp. Lynchburg Regional Airport is serviced by US Air and Delta. The bus service is Greyhound (1-800-231-2222). Arrangements for pick-ups and drop-offs need to be expressed to Ethan Allen (Camp Director) at 434-582-2389 or at wsoccer@liberty.edu

Camper Information:

Name _____

D.O.B. _____

Grad. Year _____

Address _____

Email _____

Home Phone _____

Emergency Phone _____

Parent(s) / Guardian (s) _____

Preferred Position _____

Club Team _____

T-Shirt Size _____

Residential Camper? _____ \$145.00

Commuter Camper? _____ \$95.00

Refunds

Should you have an unfortunate circumstance and have to cancel your attendance, please do so before February 10th, 2012. A \$50 administrative fee will be deducted from your deposit. No refunds will be issued once camp begins.

Rules & Regulations

Individuals are required to comply with the rules & regulations of Liberty University and the Liberty Lady Flames Women's Soccer Camp. Any camper who does not abide by these rules may be dismissed without refund.

Medical Info

Camper's physician _____

Phone number _____

Date of last tetanus toxoid: _____

Allergic reactions?: _____

Medication presently taking: _____

Past illnesses or information that would be useful in the event of necessary treatment: _____

Insurance company _____

Agent's name _____

Policy # _____

Phone # _____

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, the undersigned, hereby certify that I/we am/are the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the period of the camp, 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 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,

_____ 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 he/she is fully capable of engaging in this sports activity, and I/we are confident that he/she is able to engage in such sport. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Liberty Women's 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 or guardian _____

Date _____

Please fill out the application and parental consent form and return it with the camp fee to reserve your space at camp.

Please make check out to "JC Soccer Camp."

Mail to:

Liberty University
Attention: Women's Soccer
1971 University Boulevard
Lynchburg, VA 24502