



SAINT FRANCIS UNIVERSITY SOCCER CLINIC AND FUTSAL TOURNEY

WHERE: Saint Francis University
WHEN: Saturday, Feb 18 2017
Sunday, Feb 19 2017
ENTRY FEE: \$275 for one team \$450 for two teams
WHO: Girls High School Aged and U-14/15

TEAM NAME: _____

Tournament/Clinic and Team Category:

(Please select the day and the respective team category)

() **Sat Feb 18th 2017** () HS girls team () **Sun Feb 19th 2017** () Club (HS age girls) () U-14/15 girls

Check enclosed (payable to Saint Francis University Women's Soccer) Yes ()

Price: \$ 275 for one team
\$ 450 for two teams

Price includes: clinic (when applicable) + all games

* Rules, Roster Forms, Schedules, and Directions will be forwarded to the contact person upon confirmation.

****Contact:** Assistant Coach Alecia McNiff at AMcNiff@Francis.edu with any questions

Contact Person: _____ **Address:** _____ **Phone Number:** _____

Email: _____ **Uniform Color** _____

SAINT FRANCIS UNIVERSITY REGISTRATION

Player's Name _____ Primary position(s) _____ Address _____
Home Phone _____ Cell phone _____ Age _____ Email _____

SAINT FRANCIS UNIVERSITY WOMEN'S SOCCER CAMP RELEASE FORM

I, _____ THE UNDERSIGNED, AM THE PARENT OR LEGAL GUARDIAN WITH THE AUTHORITY TO EXECUTE THIS AGREEMENT AND RELEASE ON BEHALF OF _____ MY SON/DAUGHTER HAS PERMISSION TO ATTEND AND PARTICIPATE IN THE SAINT FRANCIS UNIVERSITY WOMEN'S SOCCER ID CAMP. I AGREE THAT ALL PARTICIPANTS MUST HAVE THEIR OWN HEALTH INSURANCE COVERAGE. AS A PARENT OR GUARDIAN, I ALSO AGREE THAT I OR MY INSURANCE CARRIER WILL BEAR THE FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENTS ADMINISTERED WHICH MIGHT BE OVER THE INSURED LEVEL OF THE CAMP PLAN. THE CAMP DOES NOT ASSUME RESPONSIBILITY FOR ILLNESS OR INJURIES SUSTAINED DURING CAMP. I AFFIRM THAT MY CHILD HAD A PHYSICAL EXAMINATION WITHIN THE LAST CALENDAR YEAR AND IS PHYSICALLY FIT TO PARTICIPATE IN ALL CAMP ACTIVITIES. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL ATTENTION AND I CANNOT BE CONTACTED AT THE PHONE NUMBER(S) LISTED, I HEREBY AUTHORIZE THE CAMP DIRECTORS TO ACT FOR ME ACCORDING TO THEIR BEST JUDGMENT. I RELIEVE THE CAMP OF ANY RESPONSIBILITY FOR ANY ILLNESS OR ANY INJURIES THAT MAY OCCUR. THE CAMP IS NOT RESPONSIBLE FOR LOST VALUABLES OR MONEY. NOW, THEREFORE, IN CONSIDERATION FOR MY SON/DAUGHTER BEING ALLOWED TO PARTICIPATE IN THIS ACTIVITY, I AGREE FOR MYSELF AND MY SON/DAUGHTER TO INDEMNIFY AND HOLD THE SUPERVISOR(S) AND COORDINATOR(S) OF THIS ACTIVITY, SAINT FRANCIS UNIVERSITY, ITS BOARD OF TRUSTEES, AGENTS, OFFICERS, AND EMPLOYEES, AND STUDENT VOLUNTEERS HARMLESS FOR ANY AND ALL DIRECT, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES, OR COSTS, LEGAL AND OTHERWISE, WHICH THEY MAY INCUR AS A RESULT OF MY SON/DAUGHTER'S PARTICIPATION IN THIS ACTIVITY(IES), EVEN IF DUE TO THE NEGLIGENCE OF SAINT FRANCIS UNIVERSITY OR ANY PERSON SERVING IN THE ABOVE-IDENTIFIED CAPACITIES EVEN IF THE CLAIM IS BROUGHT BY MY SON/DAUGHTER ON THEIR OWN BEHALF. I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT/RELEASE, AND I UNDERSTAND AND VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS. THIS AGREEMENT/RELEASE SHALL BE BINDING UPON THE HEIRS, EXECUTORS, AND ASSIGNS OF THE UNDERSIGNED. "

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____ **MEDICAL CONDITIONS:** _____

KNOWN ALLERGIES: _____ **MEDICATIONS:** _____ **HEALTH INSURANCE CO.:** _____

POLICY #: _____