

SOCCER CENTERS of EXCELLENCE
Fall Elite Identification Clinic
@ the University of Virginia
Charlottesville, VA

October 14th-15th 2017

APPLICATION FORM

CAMPER DETAILS

Name: _____ Graduation Yr: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: ____ / ____ / ____ Current Grade: _____

Parent (s): _____

Phone (home): _____ Phone (Cell): _____

Email (please print carefully): _____

Current Club Team: _____

Player Position (circle one): Goalkeeper Defender Midfield Forward

PAYMENT DETAILS

Fee: **\$225.00** (Does NOT include housing or transport)

Person Making Payment: _____ Relationship to camper: _____

_____ **\$225.00** (please check) Fee paid in full

Please make checks payable and mail to:

Soccer Centers of Excellence
c/o Virginia Women's Soccer
PO Box 400847
Charlottesville, VA 22904

Enrollment can only be secured by returning an application, complete medical form (with attached insurance documents), and a payment of **\$225.00**. The fee is non-refundable. The camp is owned and operated by the Soccer Centers of Excellence, LLC.

SOCCER CENTERS OF EXCELLENCE AGREEMENT

Participant's Name: _____

Soccer Centers of Excellence LLC is owned and operated by Head Coach Steve Swanson, and it may be held at the University of Virginia and use some of the University's facilities. However, Soccer Centers of Excellence is not owned or operated by the University, and the Head Coach and Coach's assistants are not employees or agents of the University in their operating of the camp.

Please read the following agreement carefully before signing. Although camp participation is encouraged, it is encouraged only if health and safety are considered.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including Soccer Centers of Excellence, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:
 - That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the summer camp;

 - That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;

 - That my child has no history of fainting or other problems related to strenuous exercise; and

 - That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature: _____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for Soccer Centers of Excellence and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the camp.

2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by Soccer Centers of Excellence.

Parent/Guardian Signature: _____ Date: _____

RELEASE:

1. In consideration for accepting my child into Soccer Centers of Excellence, which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance that provides adequate coverage for injuries or illness my child may sustain while participating in Soccer Centers of Excellence.

2. By my signature below, I also agree to release and promise not to sue the Commonwealth of Virginia, the University of Virginia, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in Soccer Centers of Excellence, unless such damages, loss, injury, or death are caused by willful and wanton conduct of such employees or agents.

Parent/Guardian Signature: _____ Date: _____

ATHLETIC CAMP/CLINIC SPORTS MEDICINE INFORMATION SHEET

Please provide the following medical information for your child:

Child's Name: _____

Primary emergency contact:

Name: _____

Relationship: _____

Phone Number: _____

Secondary emergency contact:

Name: _____

Relationship: _____

Phone Number: _____

Allergies (medication, food, bee sting, poison ivy, etc.):

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.):

Injury history (e.g. recent sprains, fractures):

Medical conditions (e.g. asthma, diabetes, cardiac disorders, seizure disorders):

Medications currently taking:

Date of last tetanus shot (month/year):

Parent/Guardian Signature: _____ Date: _____

INSURANCE CARD (copies of front & back)

Participant's Name: _____