



MCLA Girls High School Pre-Season Clinic Registration

Friday, August 9, 2019

Goalkeepers: 5:00pm - 6:00pm

Field Players & Goalkeepers: 6:00pm - 9:00pm

Please complete the **registration, medical emergency contact information, insurance information, medical treatment consent, waiver and release statement** along with the clinic registration fee to secure a spot!

Remember a full water bottle and a snack.

If you have questions about the clinic, please contact, Clinic Director, Deb Raber at 413.662.5355 or Deborah.Raber@mcla.edu

PARTICIPANT'S INFORMATION:

Name: _____

Will be attending: _____ GK session (both)
_____ field player only

DOB: _____ Age: _____

Email: _____

Grade: _____

Address: _____

City, State, Zip: _____

High School: _____

Club Team: _____

Favorite position: _____

The following information is required prior to participation

PARENT/GUARDIAN PERMISSION & RELEASE INFORMATION

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION

In consideration of the MCLA Athletics Camp/Clinic providing my camper with this camp program, I, nor my child will not, nor will our administrators, executors, heirs or assigns hold the Commonwealth of Massachusetts and MCLA, its trustees, officers, agents, employees, representatives and/or students liable for damages or injuries, including death, that my child may sustain, and I and my child, our administrators, executors, heirs or assigns, forever release, discharge and hold harmless the aforementioned parties from any and all claims, demands, liabilities, injuries, damages, attorney's fees, actions or causes of action whatsoever stemming from injury or damage to any person that arises from, or is connected to, MCLA Athletics Camp/Clinic participation and/or the operation of any equipment loaned to me by the MCLA Athletics Camp/Clinic (such as, but not limited to sports equipment, etc...). I understand that participation in the Clinic can include foreseeable and unforeseeable risks and other hazardous activities inherent in the camp program. I freely choose for my child to participate in the Clinic with the knowledge of the potential risk involved and agree to assume all associated risk.

I understand and agree that the clinic staff has the right to dismiss my child for due cause. In case of medical emergencies, I understand every effort will be made to contact the parent or guardian of the participant as named in the Medical Release Form. If the named person(s) cannot be reached, consent is hereby given that my child may receive medical and/or surgical care as recommended by the attending physician or hospital.

PERSONS AUTHORIZED TO PICK UP PARTICIPANT

In the event that I/we are not available at the appointed pick-up time, the following named person(s) are hereby authorized to pick up my child. I understand that my child will not be released to the person(s) named below unless they are able to present identification (ie. driver’s license):

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

Notes: _____

MEDICAL RELEASE

Allergies or medical concerns: _____

EMERGENCY CONTACT(S):

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

INSURANCE INFORMATION:

The participant is covered by health insurance: ____ Yes ____ No

If yes, provide the following information which is required by MCLA to expedite treatment:

Policy Holder’s Name: _____ Relationship to the participant: _____

Cell: _____ Home: _____

Policy Holder’s Insurance Company: _____

Policy Number / Plan #: _____

MEDICAL TREATMENT CONSENT

I/We hereby authorize a representative of the MCLA Athletics Camp/Clinic staff, to consent to any x-ray examination, anesthetic, medical, surgical or dental treatment and/or hospital care to be rendered to the participant under the general or special supervision and on the advice of any licensed physician, surgeon or dentist. I/We further agree to be responsible for any medical, dental or hospital fees or costs associated with treatment of the participant.

I have read this Agreement. By signing, I acknowledge and agree to abide by the Agreement’s terms, and I agree that my failure to abide by the terms of this Agreement will impact my child’s ability to participate in the MCLA Athletics Camp/Clinic.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

CLINIC FEE:

\$40.00 (Checks Payable to MCLA Women’s Soccer)

Deb Raber, MCLA Athletics – Women’s Soccer Clinic

375 Church Street, North Adams, MA 01247