



**2018 Conwell-Egan Catholic High School
Boys & Girls Half-Day Summer Soccer Camp
Monday, July 16th - Friday, July 20th**

Ages will run from 6 to 15 years old for both boys & girls. Campers will be divided up by age and/or individual skill level to help maximize each player's camp experience. All types of soccer players from beginners to club/travel are welcome to attend. We will be accepting registrations from now until the day camp starts. However, we do recommend early registration due to limited availability.

The camp is designed to develop each player's individual skills, teamwork and sportsmanship while having a lot of fun. The camp will be run by the CEC boys and girls soccer coaches along with players from both programs. All campers will receive a CEC Soccer t-shirt!

For all campers who are/or would like to become goal keepers, we will be offering a 1 hour goalie clinic for all age campers during each day of the camp.

Camp Dates and Time: Monday July 16th to July 20th from 9 am to 12:30 pm.

Camp cost: \$85 **Siblings:** \$80 **Groups of 10 or more:** \$75

Contact Info: Boys Soccer Head Coach - Barry Roxberry, boyssoccer@conwell-egan.org

Girls Soccer Head Coach - Andy Adamiec, paandy1414@aol.com

****PLEASE FILL OUT THIS FORM AND RETURN IT WITH YOUR CHECK****

Make checks payable to: Conwell-Egan Catholic High School

Mailing address: CEC, 611 Wistar Rd. Fairless Hills, Pa. 19030. (Attn: Summer Soccer Camp)

Campers Full Name: _____ **Age:** _____ **Grade:** _____

Current School: _____

Parents Name: _____ **Phone #:** _____

Email Address: _____

Circle Skill Level: Beginner Novice Expert **Circle Shirt size:** YS YM YL AS AM AL AXL

Are you interested in the "Goalie Clinic"? : _____



Summer Camp

PERSONAL INFORMATION

EMERGENCY INFORMATION

Camper's Name: _____ DOB: _____ Age: _____

Parent/Guardian Name: _____

Day Phone: _____ Evening Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

BRIEF MEDICAL HISTORY

Chronic Illnesses: _____

Allergies: _____

Current Medication: _____

Chronic Injuries (i.e. sprained ankles, etc.): _____

Wears Protective Support/Brace: Y / N If yes, please indicate where: _____

Wears Glasses and/or Contact Lenses: Y / N If yes, please indicate which: _____

Date of Last Tetanus Booster: _____

Family Physician Name: _____ Phone: _____

Address: _____

CONSENT

I, _____, am the parent/legal guardian of _____

Give consent to my child's participation in the following camp(s): _____

In the event that hospital care is needed, and time allows, I prefer that my child be taken to _____ Hospital.

INSURANCE INFORMATION

Name of Insured: _____ Employer of Insured: _____

Insurance Company: _____ Policy/ Group Number: _____

In the event of an emergency that may arise from my child's participation in summer camp, I hereby authorize the certified athletic trainer or athletic coaching staff of Lansdale Catholic High School to consent to any medical treatment, diagnosis, and/ or hospital care by a physician licensed in this state.

Signature of Parent/ Legal Guardian: _____ Date: _____

Participant Release, Waiver of Liability, and Indemnity Agreement¹

I, _____, (the "Participant") have voluntarily applied to participate in the _____ occurring on or during the period _____ (the "Activity") which is sponsored and/or supervised by or taking place at _____ (the "Location") and I agree as follows:

Acknowledgments. (1) I am participating in the Activity of my own free will; (2) I understand the nature of the Activity; and (3) I am qualified, in good health, and in proper physical condition to participate in the Activity.

Assumption of Risk. (1) I am aware that the Activity may present certain risks of injury (including illness, or death or loss of or damage to my property) and I agree to assume those risks and any other unknown risks; and (2) I acknowledge the Location, the Archbishop of Philadelphia, and the Archdiocese of Philadelphia and any lessor of the premises have no obligation to provide me with any insurance or other financial assistance for the costs of any injury, illness, or death or loss of or damage to property resulting, directly or indirectly, from the Activity and I expressly waive any claim for such compensation.

Medical Treatment. In the event of a medical emergency, I consent to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for the payment of such treatment:

Name: _____ Relationship: _____ Phone: _____

Waiver and Release. I, on behalf of myself, my heirs, next of kin, spouse, and legal representatives, hereby release, waive, discharge from, and agree not to sue the Location, the Archbishop of Philadelphia, and the Archdiocese of Philadelphia and any lessor of the premises, along with their respective affiliates, successors, and assigns, and their respective members, directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Released Parties") for any and all claims, costs, liability, or damages of any injury, illness, death or loss of property resulting, directly or indirectly, from the Activity except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to the other Released Parties.

Indemnity. If, despite the Waiver and Release above, I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, judgment or cost which may be incurred as the result of such claim.

Promotion. I consent to any photographic images or video or audio recordings taken during the Activity and grant and convey all rights, title, and interest of such images and recordings to the Location.

Severability. This Participant Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, I HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

ADDRESS: _____

MINOR RELEASE: (must be completed by Parent/Guardian for a Participant under the age of 18)

I, THE PARENT OR GUARDIAN OF THE PARTICIPANT, HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

¹ This Agreement should be used, where applicable, from a participant in a third party event at a Location.
C PR 02 01 07 17