Elite Camp
Friday, August 4th - Sunday, August 6th, 2017
Bates College - Lewiston, Maine

About Camp

Designed for the elite female soccer player who has a desire to play in college, campers will participate in a variety of technical and tactical field sessions instructed by the Bates Women’s Soccer coaching staff, along with members of the University of Maine at Farmington and Maine Maritime Academy coaching staffs. Campers will experience life as a collegiate student-athlete by using the same athletic facilities, fields, cafeteria, and dormitories as those who currently compete for Bates.

Bates Women’s Soccer

A member of the highly competitive New England Small College Athletic Conference (NESCAC), one of the best in NCAA Division III, Bates continues to strive and grow as a tenacious contender on the regional and national scale. The 2016 fall season ended on a high note, with a double-overtime 2-1 victory over Maine rival Colby College! We were also proud to see sophomore Olivia Amdur as a repeat Second Team All-NESCAC selection.

Dates and Cost

When: August 4th – 6th, 2017 at Bates College
Who: Rising 9th, 10th, 11th, 12th graders, and 2017 H.S. grads; females only
Cost: $350.00
• Includes meals, facility usage, housing, instruction from a variety of college coaches and two camp t-shirts

*A $250.00 non-refundable deposit is required. No commuter or partial registrations offered.
Registration deadline is Monday, July 10th, 2017!

Online Registration Link:
http://bit.ly/2n14U0f

Mail-in Registration
Bates Women’s Soccer
Attn: Amanda Hamilton
130 Central Avenue
Lewiston, ME 04240

Questions? Contact: Assistant Coach, Amanda Hamilton at ahamilt3@bates.edu

Location
The Bates Women’s Soccer Elite Camp will take place on the beautiful campus of Bates College in Lewiston, Maine. Conveniently located just 40 miles North of Portland and 140 miles North of Boston, Lewiston sits in the middle of the historic Androscoggin River basin.

What to Bring
Cleats, shin guards, soccer shorts, shirts, socks, soccer ball, sneakers/indoor shoes, water bottle, backpack, lanyard, bed linens, pillow, toiletry items, towels, washcloths, etc.

“It’s a Great Day to be a Bobcat!”
Elite Camp
August 4th-August 6th
Registration Form and Release Waiver

Player Name: _________________________________________________________

(First) (M.I.) (Last)

Age: ______________ Date of Birth: __________________

High School Year of Graduation: __________________

School: _____________________________________________________________

Player email address: _______________________________________________

Player primary phone: ________________________________

T-shirt size (adult): ________________________

Preferred roommate: ______________________________

Player Primary/Secondary Position: _________________________________

Guardian(s) Names: _______________________________________________

Guardian primary email address:

_______________________________________________________________

Guardian primary phone: _________________________________________

Home Address:

_______________________________________________________________

Emergency Contact:

_______________________________________________________________

(Name) (Relationship to player)

Emergency Contact Phone Number: ________________________________
Please list any allergies or medications if any:

________________________________________________________________________

Do you give permission for your child to watch YouTube clips or videos of Bates College or soccer highlights, trick shots? Please circle: Yes No

Do you give permission for your child to be photographed or video taped during camp activities and for the images to be reproduced by Bates Women’s Soccer, Bates Athletics, and Bates Women’s Soccer Elite Summer Camp for promotional usage? Please circle: Yes No

Please list any additional comments or notes that you wish to provide.

________________________________________________________________________

________________________________________________________________________

Fee: $350.00
(Fees cover housing, meals, and 2 camp t-shirts)
($250.00 non-refundable)
No commuter or partial attendance rates.

Form of payment:

Credit Card Cash Check (Made payable to: ‘Bates College’)
Parental Consent

I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the camp, during the period of the camp, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of __________________ (camper) understand that soccer is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending clinic, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision at all moments. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer activities. I/We, represent that I/We have sought the opinion of our child’s physician _________________________ (camper’s physician), and he/she concurs that _________________________ (camper) 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 is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates Women’s Soccer Elite Camp its staff, 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 clinic activities, whether or not damages, injury, or loss is due to negligence.

____________________________________________
Signature of Parent/Guardian

Date
BATES COLLEGE ATHLETIC CAMP
PRESCRIBED MEDICATION FORM

CAMPER’S NAME: __________________________________________

PRESCRIBED MEDICATIONS:
DRUG NAME: ________________________________
DOSAGE: ______________
AMOUNT GIVEN: ________________
TIME GIVEN: ________________
DRUG NAME: ________________________________
DOSAGE: ______________
AMOUNT GIVEN: ________________
TIME GIVEN: ________________
INHALERS: ________________________________
DOSAGE: ______________
AMOUNT GIVEN: ________________
TIME GIVEN: ________________
INHALERS: ________________________________
DOSAGE: ______________
AMOUNT GIVEN: ________________
TIME GIVEN: ________________

I, ______________________________(please PRINT name), authorize the Bates College Camp Staff to administer to
my son/daughter the prescribed medications listed above.

ALL MEDICATIONS NEED TO BE TURNED IN (INCLUDING INHALERS) TO THE CAMP STAFF DURING
REGISTRATION. BECAUSE THE CAMP STAFF ARE NOT PHYSICIANS AND DO NOT RUN AN INFIRMARY
OR CLINIC, THEY WILL NOT BE HELD RESPONSIBLE FOR INJECTING SHOTS. IF YOUR CHILD NEEDS
SHOTS ADMINISTERED WHILE THEY ARE ATTENDING CAMP, SPECIAL ARRANGEMENTS MUST BE
MADE WITH YOUR CHILD’S PHYSICIAN AND A PRIVATE PHYSICIAN IN LEWISTON OR AUBURN,
MAINE.

PARENT/GUARDIAN’S SIGNATURE: ________________________________

DATE: __________________________