Start your Spring off the right way...come play soccer in Bobcat Country!

Join us for our WOSO 2018 Spring Clinic!

Participants will have the opportunity to work closely with WOSO coaching staff and current team members during two on-field training sessions that include technical and small sided play.

Attendees: High school females
9th – 12th grade
Field players/keepers

When: Saturday, May 12, 2018
8:30am - 9:00am, Registration
9am - 4pm, Field Sessions*
* Detailed schedule, campus tour and hotel information will be provided to participants

Cost: $175 postmarked April 30, 2018; $200, postmarked May 1, 2018 or later; Non-refundable $125 deposit to secure participation, postmarked April 30, 2018

Checks payable to Bates College Women’s Soccer
Mail to: Bates College, Alumni Gym, Attn: Amanda Hamilton, W. Soccer,
130 Central Avenue Lewiston, ME 04240
*No refunds available.

Location: Bates College Russell Street Field/Garcelon Turf Field

Items to bring: Cleats/turfs/sneakers, shin guards, water bottle, warm-ups, etc.

Register here!
Space is limited! Session sold out last two years!

DEADLINE to register is Monday, April 30th, 2018

For more information, please contact: Amanda Hamilton, Assistant Coach, ahamilt3@bates.edu
Parental Consent Form

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 clinic, during the period of the clinic, 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 Winter Clinic 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:_____________________________