Colby Women’s Soccer Clinic

Sunday, April 23rd, 2017
11am – 2pm

We invite you to participate in our Women’s Soccer clinic and receive coaching by the Colby College soccer staff.

Led by head coach, Kristin Shaw, this clinic is open to any and all 9th-12th grade female soccer players who are serious about their soccer development.*

Clinic Cost: $85.00.
All monies will be deposited in the Colby Friends of Soccer Fund

Tentative Clinic Schedule
10:45am: Registration on the Harold Alfond Football Field
11:00am: Clinic Welcome
11:15am: Technical/Skill Development Warm-up
11:45am: Small Sided Games
12:30pm: Clinic Break and Q&A with Coaches/Players
1:00pm: 8v8 or 11v11 Games
2:00pm: Clinic Closure

*Please bring, soccer cleats, appropriate soccer training clothing, a properly inflated size 5 soccer ball, plenty of water and a snack.*

CWS Clinic Registration
Attached in this email you will find: the CWS Clinic Application and Participation form. Please mail completed application, participation form and checks to: Colby College – Attention: Kristin Shaw: Head Women’s Soccer Coach 4938 Mayflower Hill, Waterville, ME 04901

*Checks should be made out to Colby Friends of Soccer, with CWS April 2017 Clinic in the memo*
Clinic space is limited and spots are on a first come, first served basis. We will confirm receipt of your clinic spot once payment and registration are received.
Colby Women's Soccer Clinic Application

*Please return completed application form, participation form, and check to secure your spot*

Reminder: Checks should be made payable to Colby Friends of Soccer
Cost: $85.00

Enrollment is limited and registrations are made on a first come, first serve basis. Cancellation policy: In case of inclement weather and the clinic is cancelled, we will notify all participants the evening prior and refund all fees. NO REFUND will be given if cancellation from a clinic participant is within a 48-hour time frame from the clinic start time.

If you have any questions about the clinic please contact clinic director and head coach, Kristin Shaw at: 207-859-4938 or via email at Kristin.Shaw@colby.edu

Name: ____________________________________________________________

Participants Email Address: __________________________________________

Participants Cell Number: ____________________________________________

Parents Name: ______________________________________________________

Parents Email Address: ______________________________________________

Parents Cell Number: ________________________________________________

Birthdate: ___________ Age: ___________

Primary Position: __________________ Secondary Position: __________________

High School: __________________ High School Coach: __________________

H.S. Coach Email: __________________ H.S Coach Cell Number: ____________

Club Team: __________________ Club Coach: ____________________________

Club Coach Email: __________________ Club Coach Cell Number: ____________

Go MULES!!
PARTICIPATION FORM

I, _____________________________________________________
                                          ______________________________________
being ____ years of age (having been born on ____/____/____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the Colby Women's Soccer Clinic on April 23rd, 2017 from 11am to 4pm and in consideration of being permitted to participate in the Program, do voluntarily execute this “Release and Assumption of Risk” on behalf of my self, my heirs and next-of-kin, my personal representatives and my estate.

2. That I have been fully informed of the nature, scope and demands of the Program, and I understand that the Program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.

3. That Colby College (hereinafter referred to as the “College”) has informed me that there may be dangers and hazards inherent to participants in the Program because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the College, its Trustees, faculty, employees, students, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program and not as a direct result of any negligent act of the College, its Trustees, faculty, employees, volunteers or agents.

4. I declare that I am able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact the person in charge of the event.

5. This “Release and Assumption of Risk” shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this “Release and Assumption of Risk” by having read it, or having it read to me, before signing and I intend to be fully bound thereby:

Assented and agreed to on this _______________day of___________________, 20____.

__________________________________________________________
Signature of Participant
If participant is under the age or 18, please have parent or legal guardian complete next section.

I, ________________________________________________________________________________.

the parent or legal guardian of ______________________________________________.

Agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the College, its Trustees, faculty, employees, students, volunteers and agents, in the same manner and with the same force and effect with regard to my child participating in the Program.

________________________________
Parent or Guardian Signature (if participant is under the age of 18 years)

*Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following: all manner of injury resulting from travel over rough terrain, encountering extreme temperatures, insects and wild animals, abrasions, entanglements, and other injuries resulting from activities within the including but not limited to climbing, rappelling, ascending, descending, bouldering, kayaking, skiing, ice climbing, mountaineering and participation in ropes course elements, injuries resulting from falling or dropped items including but not limited to ropes, ice, rocks, climbing hardware, climbing holds/hardware, chalk, chalk bags, personal items, and other climbers or participants cuts, abrasions, and burns resulting from contact with the climbing rocks, ice and trees failure of equipment, skis, bindings, ropes, slings, harnesses, climbing hardware, anchor points, stoves and personal floatation devices injuries caused through inappropriate technique or overuse including but not limited to tendonitis, strains, sprains, abrasions, bruises, dislocations, joint swelling, muscle aches, and fractures, harm and injury, including death, shortness of breath, and light headedness, resulting from increased heart rate, increased blood pressure, and strenuous physical activity, harm and injury from vehicle and plane travel.

Release of Liability

In case of medical emergency, I understand every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby give my permission to the physician selected by the clinic to hospitalize and secure medical treatment for my child.

The person enrolling at the Colby Women’s Soccer Clinic and his/her parent(s) or legal guardian(s) assume all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with soccer activities and agree that there are certain inherent dangers related to soccer participation and, therefore, agree to hold Colby College, soccer, their owners, trustees, agents, officers, and employees harmless and specifically agree not to make any claim against Colby College and Colby Women’s Soccer Clinic for any of these injuries which would normally be considered to be a normal risk associated with participation in soccer activity.

________________________________
________________________________
Signature (parent or guardian) Date

Precautions the clinic director should be aware of, such as allergies, diabetes, recent illnesses, etc.

________________________________

MEDICAL COVERAGE

We have a staff of highly qualified trainers. If a participant is not feeling well or is injured, the trainer will give immediate medical assistance. If the injury requires further attention, we take the participant to MaineGeneral Medical Center at which time we contact the parent or legal guardian. THE PARENT OR LEGAL GUARDIAN IS RESPONSIBLE FOR ALL HOSPITAL, PRESCRIPTIONS, LABORATORY AND DOCTORS’ FEES. Please indicate below your insurance information.

________________________________
Company Policy Number

________________________________
Group No.

No physical exam necessary for the clinic.