The Winter Clinic is coming!

Registration is now FULL! Please email Assistant Coach Amanda ‘Hammy’ Hamilton to be added to the waitlist (ahamilt3@bates.edu)!

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? Sunday, February 11, 2018
1130a - 12p, Registration
12p - 7p, Field Sessions*

* Detailed schedule, campus tour and hotel information will be provided to participants

Cost: $175 postmarked January 29, 2018; $200, postmarked January 30, 2018 or later
Non-fundable $125 deposit to secure participation, postmarked January 29, 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: Ingersoll Turf Arena (field turf)
State-of-the-art, heated, indoor, fieldturf located less than ten minutes from campus! Home to the City of Auburn Parks and Recreation department and numerous adult and youth soccer leagues.

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