





# Registration Ends August 10<sup>th</sup>, 2018

## The College of Saint Rose Sports Clinic

### Registration & Medical Consent Form

\_\_\_\_\_ *first letter of last name*

Clinic Date: Please Circle 8-11-2018      8-12-2018  
Location: Plumeri Sports Complex  
Sport: Women's Soccer (please note if you are a GK) \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
# Years Playing Experience: \_\_\_\_\_ Club Team: \_\_\_\_\_  
Allergic Reactions (ie. bee stings): \_\_\_\_\_  
Present Medication: \_\_\_\_\_  
Participant's Insurance Company: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Will a parent/guardian be staying at the clinic site during this clinic?  YES  NO  
If YES, Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
**If NO, provide contact information in the event of an injury or emergency:**  
Emergency Contact Name: \_\_\_\_\_  
Emergency Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### MEDICAL RELEASE

#### The College of Saint Rose and the Athletic Department Release Statement:

I hereby release The College of Saint Rose and all members of the Saint Rose Clinic from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp.

I certify that my child is in good health and is able to participate in physical activities, including this sport. In the event of illness or injury, I grant the Saint Rose representatives the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for any and all medical expenses incurred by my child while attending the clinic. I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge The College of Saint Rose and its staff, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in clinic or camp activities or while at clinic or camp, whether or not damages, injury, or loss is due to negligence.

I have read and freely sign this agreement which shall take effect as a sealed instrument, which includes an email submission of this document without signature.

Parent/Guardian Signature and Date:

\_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: Saint Rose Women's Soccer  
Send registration and medical waiver form and payment to:  
Saint Rose Women's Soccer Attn: Laurie Darling Gutheil  
Athletic Department 432 Western Avenue Albany, NY 12203