



Registration Ends August 10th, 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