



Swarthmore College Women's Soccer Staff Presents Full Day Soccer Clinics for Girls Ages 14-18

These clinics are a great opportunity for high school girls to be instructed and evaluated by the Swarthmore Women's Soccer Staff while seeing the campus and using the facilities. Each clinic is limited to the first 21 players to register. Register for one or all!



Sunday March 21st

Sunday July 18th

Friday July 23rd

Monday August 16th , Saturday August 21st

Saturday September 18th



Parent's Name _____ Parent's Cell _____

Parent's Email _____ Home Phone # _____

Home Address _____

Player's Name _____ Participant's Age & Grade ____/____

Player's Club Soccer Team _____

Player's HS Soccer Team _____

Player's Preferred Position _____

I'd like to register for the following session(s) at the non-refundable rate of
\$100 full/day session:

Sunday March 21st 9:30-4:30PM Monday August 16th 9:30-4:30PM

Sunday July 18th 9:30-4:30PM Saturday August 21st 9:30-4:30PM

Friday July 23rd 9:30-4:30PM Saturday Sept. 18th 9:30-4:30PM

Return form along with the signed waiver (attached) & check to:

Todd Anckaitis, Women's Soccer Coach, Swarthmore College, Swarthmore, PA 19081

Make check payable to: Swarthmore College

**SWARTHMORE COLLEGE - ASSUMPTION OF RISK / RELEASE OF LIABILITY
(RE: MINOR PARTICIPANTS)**

Name of Person Giving Release for Minor: _____

Name of Participant / Minor: _____

Party Released: Swarthmore College, its affiliates, agents and employees including board of managers, directors and officers, administration, faculty and staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against the Party Released arising out of my child or guardian's participation in the following activity: Youth Soccer Clinic to take place from January through December, 2010.

I also understand that the activity set forth above is undertaken on a completely volunteer basis. I make this decision by choice. My child / guardian's participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, sprained ankles, broken bones. I voluntarily assume the risk of these dangers to my child / guardian by choosing to allow them to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my child / guardian's participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by my child / guardian, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

<i>Parental or Guardian's Acknowledgement of Assumption of Risk/Release of Liability for Minors:</i> I certify that the named child's date of birth is _____ (month/day/year) and is _____ years of age. I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.		
_____	_____	
Relationship to Minor	Minor's Name, Printed Clearly	
_____	_____	_____
Signature of Parent/Guardian	Parent/Guardian's Name, Printed Clearly	Date
_____	_____	_____
Signature of Witness	Witness's Name, Printed Clearly	Date

Addendum I certify that I am covered by an independent health insurance policy
Policy # Carrier _____

Day Clinic Schedules

Full Day Sessions 9:30-4:30

9AM	Registration at Clothier Soccer Stadium Field
9:30	Training Session Begins
11:00	7 v 7 to large goals
12:00	Lunch and Admissions info session
1:00	Training Session
2:30	7 v 7 to large goals
3:30	Campus tour w/current player/staff
4:30	Closing

Other information

- Shin guards required at all sessions
- Bring own ball and water bottle
- Wear white shirt, dark shorts, white socks
- Lunch will be provided on full day sessions

Please return the above signed waiver along with your check and registration form to:

Todd Anckaitis
Women's Soccer Coach
Swarthmore College
Swarthmore, PA 19081