

Girls High School Pre-season Training Camp

| Dates: | February 23 - 26 | Time: | 5:00 – 7:00 PM | Cost: | \$80.00 |
|--|--|---|--|---|--|
| Agenda: | Technical work/small sided games/11 a-side matches | | | | |
| Location: | Drury University Campus (Harrison Stadium/Hutchens Field) | | | | |
| Contact: | Alf Bilbao (abilbao@drury.edu/417-873-7449) | | | | |
| | Ryan Swan (rdswan@drury.edu/417-873-7830) | | | | |
| Make Check | s Payable to: Drury University | 900 N. Bent | on Ave. Springfield, | MO 65802 | |
| | Pegi | stration | Form/Health | Waiver | |
| | | | | vvaivei | |
| Name: | | | | | |
| Address: | | | City: | State: | Zip: |
| Parent/Guardian: | | | _Phone: | Email: | |
| School: | | | Age: | D.O.B: | |
| camp to seek devent of accide camps' excess reduring play. I/N and that our choccur and we have represent that capable of safetassured that (s) Drury Soccer Accidenages, injury | rsigned hereby certify that I (we) am uring the period of the camp appropent, injury, or illness. I will be responsed also understand there will be a noild cannot receive individualized attereby acknowledge that out child is I/We have sought the opinion of our ly engaging in these activities. I/We have staff, officers, agents, or loss to person or property which nigury, or loss is due to negligence. | riate medical at sible for any and ndersigned, undersigned, understion and superphysically fit and child's physicial also understands sports activity, employees, rep | tention for the camper at all costs of medical atterderstand that soccer is an en attending camp, there rvision all of the time. If dimentally capable of pain | ention and treatment, exce ention and treatment, exce in active, physical sport and e will be a limited number. We understand that, as w rticipating in soccer and ca , and (s) he cond insibility in caring for the call and administrators, waive, s, and assign of and from a | ept for that covered by the ept for that covered by the did that injuries can take place of coaches and/or counselors ith any sport, injuries can amp activities. I/We, curs that, my child is fully imper listed above; to be release and forever discharge all rights and claims for |
| Signature of p | parent or guardian if under 18 yea | ars of age | | Date | _ |