

Bucknell University

Girl's Soccer Clinic

Sunday April 15th, 2018

When: Sunday April 15th, 2018
9:00am-3:00pm

Location: Bucknell Soccer Fields
*Bucknell West Drive,
Lewisburg, PA 17837*; for GPS

Registration Fee: \$150 (includes instruction, training, & Bucknell Apparel)

What to Bring?- Soccer Ball, Cleats, Indoor Shoes, Shin Guards & Water Bottle

Clinic Schedule:

9:00am-9:15am-Registration/Introductions

9:15am-10:30am- Technical Session

10:30am-12:00pm- Small Sided Games

12:00pm-1:00pm- Lunch (on your own)

1:15pm-3:00pm- 11 vs. 11 Game

3:00pm- Closing and questions

Lewisburg, Pennsylvania:

Visit our admissions website for information about tours, campus map/directions, & hotel.

<http://www.bucknell.edu/admissions>

Bucknell University hosts Bloomsburg University on **Saturday April 14th** on Emmitt Soccer Field at Holmes Stadium.

Game Time is TBD and will be sent with clinic confirmation.

Follow us at: www.bucknellbison.com



Bucknell Women's Soccer



@BucknellWSOC



Bucknellwsoc

1. Complete Online Registration Form Link: [Bucknell Spring Soccer Clinic 2018](https://goo.gl/forms/Nn4hAULyO5dTix6H2)
<https://goo.gl/forms/Nn4hAULyO5dTix6H2>

2. Once online registration is completed, please send medical forms and payment to:

Kelly Cook, Head Women's Soccer Coach

Athletics

Bucknell University

One Dent Drive

Lewisburg, PA 17837

Checks should be made payable to: **BUCKNELL WOMEN'S SOCCER**

Clinic is open: **to All Girls Grades 9-12**

(Note: Contact coaching staff if you register after April 11th, to handle medical forms/payment)



Statement of Informed Consent & Proof of Personal Medical Insurance

Event: Bucknell Women's Soccer Fall Clinic

I, _____(camper name), recognize that certain risks and dangers exist through my participation in this athletic activity. These risks include personal injury and the loss or damage to personal property, due to activities that are inherent in sports.

I understand that Bucknell University, its officers, employees and agents, game officials, volunteers, and all participating sponsors (hereafter "releases") shall assume no responsibility or liability for me for accident, illness or loss or damage of personal property. I acknowledge and do hereby assume all risks inherent in the use of Bucknell University's athletic facilities and in connection with this activity, and I for myself, heirs, executors, administrators and assigns do hereby expressly release and discharge the releases from all claims, demands, liability actions or judgments of any kind whether caused by the negligence of said releases or otherwise which I now have or in the future against said releases or any of them arising out of my participation in this recreational activity.

I certify that to the best of my knowledge, I am in good physical health and am therefore able to participate in the athletic activity. Further, I understand and accept that if I become physically injured it is my responsibility to provide payment for any medical services rendered.

In case of illness or injury, I may need medical attention and authorize the medical staff for this activity to act for me and obtain whatever medical treatment necessary. Every effort will be made to contact the parent/responsible guardian through the team's coach.

Finally, I recognize that my participation in this recreational activity is of my free will, such that, I may cease continued participation in the athletic activity at my discretion and at any point.

My signature on this document certifies that I have personal medical insurance and that I understand the risks and terms involved in participation. Further, I understand that if I am under eighteen (18) years of age I am required confirmation of this agreement by my parents or guardian.

Participant Signature Date

Parent/Guardian Signature Date

PERSONAL MEDICAL INSURANCE YES NO

**all campers must have insurance coverage under their parents or guardian in order to participate.

Name of Personal Medical Insurance Provider: _____

Policy Number: _____

Group Code: _____

Subscriber's Name: _____

PERSONAL HEALTH QUESTIONNAIRE 2018

Spring 2018 ID CLINIC

Player's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Home Telephone: (_____) _____ Emergency Telephone Number: (_____) _____

Parent's/Guardian's

Name(s): _____

Person to contact (other than your parent(s) or guardian(s) in an Emergency). Please include their phone number:

Health Insurance Company:

Health Insurance Number: _____ Group Number: _____

Family Doctor's Name: _____ Phone Number: (_____) _____

Please list date of your last **TETANUS SHOT**: _____

Please list any **ALLERGIES** you may have: _____

Please list any recent **INJURIES** which have occurred in the last six months: _____

Please list any **MEDICATION** you may take on a regular basis: _____

Do you suffer from **ASTHMA**? ____ Yes ____ No Do you wear **CONTACT LENSES**? ____ Yes ____ No

Do you have any other **MEDICAL CONDITIONS** that our trainer needs to know about? _____

NOTE: *Bucknell University* reminds all participants that soccer is at times a very physically demanding activity. The staff suggests that players attending prepare themselves for the week by actively participating in a designed program which matches or simulates the type of physical exertion which will occur at *Bucknell University*. Stretching, aerobic and anaerobic training plus proper nutrition are essential! Consult your soccer coach, physician or health club professional for specific workout programs and ideas.

PARENT'S/GUARDIAN'S ACKNOWLEDGEMENT: I verify that my child has been checked by a licensed physician prior to coming to *Bucknell University* and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending this clinic. In addition, I assume all risks resulting from the participation in this sports camp and will hold harmless *Bucknell University* of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection with or resulting from participation in any of its activities.

Parent/Guardian Signature

Date

Bucknell University Women's Soccer K.L.A.R.C. FH 221 Lewisburg, PA 17837

Kelly Cook, Head Coach Fax: 570-577-7698