



Dear Player,

Thank you very much for your registration for our Team Camp at State College High School!

Listed below is information, which will help your registration and travel go smoothly.

Check-In: 5:15pm – Monday August 5, 2019 at Community Field on campus of State College High School.

PLEASE BRING THE FOLLOWING:

- 1) Payment in full of \$165 (Check made payable to: ONE on ONE Soccer)
- 2) Soccer Ball/Water Bottle and any other training gear that is appropriate.
- 3) Waiver/Medical Forms

Team Camp – August 5-8, 2019 from 5:30-8:30pm

Please note: We will have a College Search Process Lecture at 8pm one of the evenings (day TBD)

This is a Team Specific Camp and we will be setting the camp curriculum to meet the team's exact needs. Our staff has already discussed your team in detail and we are planning on a great week of training! The goal is to properly prepare your team for the fall season and get you off to a very good start!

PLEASE BRING YOUR PAYMENT AND REQUIRED FORMS WITH YOU TO REGISTRATION. *These forms include:
Waiver and Release of Liability, Medical/Insurance Information Form*

All of us at **ONE on ONE Soccer** look forward to a great camp! Please let us know if we can help in any other way to make this camp an even more enjoyable experience...Have a great weekend and see you on Monday!

Regards,
Front Office Staff
ONE on ONE Soccer

MEDICAL/INSURANCE INFORMATION

Please complete form (signed by parent/legal guardian) and bring with you to registration on the 1st day of your Soccer School.

Player Name _____ Camp Dates _____
Parent/Guardian Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACTS:

Primary Contact _____ Relation to Player _____
Daytime Phone _____ Evening Phone _____
Secondary Contact _____ Relation to Player _____
Daytime Phone _____ Evening Phone _____

INSURANCE POLICY:

Policy Holder's Name _____ DOB _____ Relation to player _____
Address _____ Phone _____
Insurance Company _____ Policy # _____ Plan # _____
Insurance Company Address _____ Phone _____
Physician's Name _____ Phone _____
Physician's Address _____

MEDICAL HISTORY & IMMUNIZATIONS: Does the player have any of the following?

(If yes, please explain).

Drug Allergies _____ Food Allergies _____
Allergies to insect bites _____ Special dietary needs _____
Asthma _____ Frequent headaches, dizziness or seizures _____
Other health problems or limitation of activities _____
Medications the player is taking _____
Will the player require any specific treatment while participating in our program _____

If yes, please explain _____

My child has my permission to take the following over-the-counter medications as needed _____

My child is current on all immunizations, to include: Measles Mumps Rubella Polio Tetanus

Tuberculin Test

My child has had the following: German Measles Mumps Asthma Chicken Pox Pneumonia Diabetes

High Blood Pressure

Please Sign below:

I _____, parent/guardian of _____, hereby declare the information above to be correct and release this information to any medical personnel if medical attention is needed.

_____ Date _____ Signature _____

WAIVER AND RELEASE OF LIABILITY, MEDICAL CONSENT AND ASSUMPTION OF RISK

In consideration of being allowed to participate in the **ONE ON ONE SOCCER®** (including but not limited to) Schools, any seminar, clinic, exhibit, or demonstration conducted in connection therewith (the Event), the undersigned attendee hereby expressly waives and releases **ONE ON ONE SOCCER®**, its administrators, directors, medical staff, certified athletic trainers, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises in which the activity takes place from any liability, losses, damages, injuries (including disability or death) actions and all causes of action or claims whatsoever, of any kind or nature, arising from, or in any manner related to, attendee's participation in the Event.

This Waiver and Release shall inure to the benefit of the assigns or successors of **ONE ON ONE SOCCER®** and shall be binding upon the heirs or successors of attendee. Attendee specifically understands that attendance at or participation in any activity is at attendee's own and sole risk. Attendee specifically acknowledges his/her experience and capabilities and believes he/she is qualified to participate in any such activity offered by **ONE ON ONE SOCCER®**. Attendee fully understands that participation in any function or activity set forth herein involves risks and dangers and may result in serious bodily injury, including permanent disability, paralysis, and/or death. Attendee understands that such risks and dangers may be caused by his own actions, or inaction, the actions or inaction of others participating in the activity, the condition in which the activity takes place or the negligence of the releases, specifically **ONE ON ONE SOCCER®** and its agents or employees. With full knowledge, the attendee fully accepts and assumes all such risks and all responsibility for losses, costs, and damages incurred as a result of his participation in the Event, of any kind or nature whatsoever. Attendee further agrees that if, despite this release, he/she or anyone on his behalf makes a claim against any of the releasees named herein, attendee will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney's fees, loss liability, damage, injury (including disability or death) or cost any of them may incur as a result of any such claim.

Attendee acknowledges that by registering for this **ONE ON ONE SOCCER®** Event, he/she and parent or guardian has read this agreement, fully understands it terms, understands that he/she has given up substantial rights by signing it, and has signed it freely and without any inducement or assurance of any nature, and intends same to be a complete and unconditional release of all liability to the greatest extent allowed by the law of the state in which such activity is conducted and, further, agrees that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

CONSENT TO TREATMENT:

In the event of any accident, sudden illness, or medical emergency involving Attendee in connection with a **ONE ON ONE SOCCER®** Event, I hereby authorize the Certified Athletic Trainer, leadership and staff members of **ONE ON ONE SOCCER®** to consent for any and all emergency and non-emergency medical treatment as may be deemed appropriate under the existing circumstances and consent to an x- ray, C-Scan, MRI, examination, consultation, local or general anesthetic, medical or surgical diagnosis or treatment and hospital care deemed to be necessary by a licensed physician, and agree to accept full financial responsibility for these services.

X _____ Emergency Phone: _____ {PARENT / GUARDIAN SIGNATURE}

DATE SIGNED: _____

X _____ DATE SIGNED: _____ { PARTICIPANT'S SIGNATURE }

I HAVE READ THIS RELEASE OF LIABILITY, MEDICAL CONSENT AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ DATE SIGNED: _____ { PARTICIPANT'S SIGNATURE }

FOR PARTICIPANTS OF MINORITY AGE
{UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION}

This is to certify that I, as parent / guardian with legal responsibility for this participant, do consent and agree to his / her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in **ONE ON ONE SOCCER®** programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____ Emergency Phone: _____ DATE SIGNED: _____
{PARENT / GUARDIAN SIGNATURE}