



Terrier Training Soccer

www.terriertrainingsoccer.com



Dear Terrier Training Soccer Academy Parent/Guardian:

We are excited that your child will be attending the 2020 Terrier Training Soccer Academy July 17th–19th, 2020. We are looking forward to having a terrific soccer experience with a great group of players!

Due to regulations by the State of Massachusetts/City of Boston/Boston University, it is necessary for you (and in some instances, your child's doctor) to complete the enclosed forms. We realize some of these are repetitive, but it is imperative that we have all forms completed in order to run a certified program.

Please return the following forms upon registration:

- **Health Information Form** (you may substitute physician's camp/school medical form for physical within last 12 months from camp start date)
- **Immunization Record** (must include MMR, Polio Vaccine, DTP Vaccine, and Hepatitis B)
- **Emergency Information**
- **Authorization to Administer Medication**
- **Media Release**
- **Release for Camper Pick-up by Non-Parent Adult or unsupervised travel** (can be filed later)
- **Liability Release**

If someone other than a Parent/Guardian will be picking up your daughter after dismissal on Sunday July 19th, or if they will be departing from camp on their own, the enclosed release form must be completed by the camper's parent/guardian prior to camp.

REMINDER: Check-in begins at 11 am and runs through 1 pm in the Courtyard outside West Campus Residences on Friday July 17th. Directions are enclosed in the camp information packet, and staff will be available to direct participants as they arrive. We have also enclosed a "what to bring to" list. If you have any questions, or if your child will be a late arrival, contact the Boston University Women's Soccer Office at 617-353-8456. See you on July 17th.

Sincerely,

Nancy Feldman
Head Women's Soccer Coach
Boston University
Academy Director

Send forms by mail or electronically to:
Nancy Feldman
BU Women's Soccer
285 Babcock Street
Boston, MA 02215
nfeldman@bu.edu



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Health Examination Form for Players and Staff

The information on this form is not part of the player or staff acceptance process, but is gathered to assist us in identifying appropriate care. The Health exam form must be completed by approved licensed medical personnel at least every year for campers and every two years for staff, and must be on file prior to attendance and must be accompanied by immunization records that include MMR, IPV or OPV, DTaP/DTP/DT/Td and Hepatitis B vaccines.

Parent section:

Name: _____ DOB _____ Age _____
 First Last MI

Home Address _____
 street address city/town state zip

Custodial parent/guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____
(if different from above) street address city/town state zip

Second parent/guardian or emergency contact _____

Address _____ Home Phone _____ Work Phone _____
 city/town state

If not available in an emergency, notify _____ Relationship _____ Phone _____

Licensed Medical Personnel section:

I examined the above participant on _____ BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active athletic program

The applicant is under the care of a physician for the following conditions _____

Recommendations and Restrictions at Terrier Training Soccer Academy: _____

Treatment to be continued: _____

Medications to be administered (name, dose, frequency) _____

Any dietary restrictions _____ **Known allergies** _____

Limitations or restrictions on athletic activities _____

Physician's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address _____ Phone _____



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**BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY**

For Participation in *Terrier Training Soccer Academy*

Name of Child: _____

1. I hereby consent to the participation of the child named above in all activities of the *Terrier Training Soccer Academy* (“the Program.”), to be held at Boston University.

2. I understand, recognize and acknowledge that this Program involves activities, such as competitive sport activities that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child’s participation in the Program.

3. In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University (the “University”) and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys’ fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

4. In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

PARENT OR GUARDIAN:

Signature

Date

Name (Printed) & Relationship to Student

Street Address



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Authorization to Administer Medication

I hereby authorize Terrier Training Academy staff to administer to my child,

_____, the medication listed below in accordance with 105 CMR 430.160.

(name of child)

(All medicines, including over the counter, must be given and dispensed by the health care provider with the exception of epi-pens, inhalers, and insulin pumps.)

Medication	Mg	Dose schedule (i.e. 1/day)

Medication	Mg	Dose schedule (i.e. 1/day)

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist’s initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications shall be kept in the original containers containing the original label, and shall include directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge, in writing the list of medications administered at camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

At the conclusion of the program, medications shall be returned to a parent/guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

Health supervisor – a person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Signature of Parent/Guardian

Date



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MEDIA RELEASE

Name of Child _____

I give permission for photographs, video, and/or recording to be taken in any session of the Terrier Training Soccer Academy, at the discretion of the Director. I waive the right to any remuneration for such photographs, video, or recording.

Parent/Guardian Signature _____ Date _____



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EMERGENCY INFORMATION

Name of Child _____

Parent/Guardian 1 _____

Home Phone _____

Cell Phone _____

Parent/Guardian 2 _____

Home Phone _____

Cell Phone _____

Emergency Contact Name and Contact Number

Medical Treatment Authorization/Release

I hereby authorize the Directors and athletic training staff of the Terrier Training Soccer Academy to provide care and medical treatment as necessary to my daughter, _____

In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I consent for the Director and athletic Training staff of Terrier Training to authorize any necessary emergency treatment.

Parent/Guardian Signature **Date**

Medical Insurance Co. **Policy #** **Group #**



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Permission for Pick-up by Non-Parent Adult

I give permission for my daughter to be picked up by the adult listed below on Sunday July 19th, 2020 following dismissal from Terrier Training Soccer Academy at Boston University.

Name of Parent/Guardian: _____

Daughter's Name: _____

Name of Non-parent Adult authorized to pick-up camper above:

Parent/Guardian Signature

Date

Permission for Travel Unsupervised

I give permission for my daughter to travel without adult supervision on Sunday, July 19th, 2020 following dismissal from Terrier Training Soccer Academy at Boston University.

Name of Parent/Guardian: _____

Daughter's Name: _____

Parent/Guardian Signature

Date