



# TERRIER TRAINING GIRLS' SOCCER CLINIC

HOSTED BY BOSTON UNIVERSITY WOMEN'S SOCCER

ON NICKERSON FIELD

SEPTEMBER 30, 2018

11 AM-3 PM

Please return the completed **registration form, medical emergency contact information, insurance information, medical treatment consent, waiver and release statement with a current camp/school/doctor physical /authorization form to participate in physical activity signed by a physician** along with the clinic registration fee to secure a spot! Don't forget a ball, water and a snack

**Reminder:** Checks should be made payable to: **Terrier Training**

**Fee \$85 (\$88 for on line registration with credit card)**

**\*Please note, fee includes clinic t-shirt\***

Enrollment is limited, and registrations are processed on a first come, first serve basis.

Cancellation policy: Registration fees are fully refundable until September 9, 2018 (minus a small administrative fee) or in the case of inclement weather and the clinic is canceled. After September 9, 2018, in case of injury, you must provide a doctor's note to receive a full refund (minus administrative fee).

If you have questions about the clinic, please contact, Clinic Director, Molly Poletto at (857-324-9768)

Or via email at: [polettom@bu.edu](mailto:polettom@bu.edu)

**T-Shirt Size:** Please Circle:      Adult Small      Adult Medium      Adult Large      Adult XL

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Parent Home Phone Number: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Participant cell phone: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Club Soccer Team: \_\_\_\_\_ Favorite/Best Soccer Position(s): \_\_\_\_\_



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These forms must be completed and signed by the participating player's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while the **TERRIER TRAINING CLINIC** is in session. Your daughter may not participate in the clinic unless these forms are complete.

## MEDICAL EMERGENCY CONTACT INFORMATION FOR: \_\_\_\_\_

Person(s) to contact \_\_\_\_\_

Name Relation to Player \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

## INSURANCE POLICY INFORMATION

The above-named child is covered by health insurance (please circle one): YES or NO  
If yes, provide the following information which is required by Boston University to expedite treatment

Policy Holder's (P.H.) Name Relation to player \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Occupation \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company's Address \_\_\_\_\_

Policy # Plan # \_\_\_\_\_

## MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named player, authorize the **TERRIER TRAINING** staff to seek medical treatment for the player as they see necessary. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the clinic staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that when-ever possible, the Clinic staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the **Terrier Training** staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made.

Legal Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name Date \_\_\_\_\_ Date: \_\_\_\_\_



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## **WAIVER AND RELEASE STATEMENT**

The undersigned, being a parent or legal guardian of the child requesting admittance to the ***TERRIER TRAINING CLINIC***, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that, as a condition of admittance to the ***TERRIER TRAINING CLINIC***, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases ***TERRIER TRAINING***, Boston University, and Boston University employees or agents of the clinic from any liability from any loss or damage of personal property, mental or physical injury or illness, suffered by the player during or related to the ***TERRIER TRAINING CLINIC***.

Player's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Complete registration form, medical emergency contact information form, medical treatment consent form, waiver and release statement form and a current camp/school/doctor physical authorization form to participate in physical activity signed by a physician must be submitted prior to registration for participation in the Terrier Training Soccer Clinic.***