



TERRIER TRAINING GIRLS' SOCCER CLINIC

HOSTED BY BOSTON UNIVERSITY WOMEN'S SOCCER

ON NICKERSON FIELD

SATURDAY APRIL 11, 2020

11 AM-3 PM

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

Reminder: Checks should be made payable to: **Terrier Training**
Registration fee \$100 check OR \$100 plus \$3 on line registration with credit card at
www.terriertrainingsoccer.com

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 April 1st 2020 (minus a small administrative fee) or in the case of inclement weather and the clinic is canceled. After April 1st, 2020 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, Kelly Lawrence at (812-369-2222)
Or via email at: kmlawren@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: _____



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Print Name Date _____ Date: _____

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 include a current camp/school/doctor physical form that clears participant for sport/physical activity signed by a physician. All must be submitted prior to registration for participation in the Terrier Training Soccer Clinic.