

Pacific Lutheran University Goalkeeping Camp

WHEN: June 26th – 29th 9:00 – 1:00
WHERE: PLU Soccer Facility
TUITION: \$120 per player

FEATURED COACHES:

Tom Dutra: Pacific Lutheran University Goalkeeper Coach
Pacific Lutheran University Staff and Players and various guest coaches

SESSIONS:

The PLU Goalkeeping Camp is for the serious goalkeeper. Tom Dutra, recognized as one of the best goalkeeper trainers in the country, and his staff will instruct players to improve their technical and tactical abilities as goalkeepers. The morning will consist of individual and small group training sessions followed by an afternoon session of goalkeeping in small and full sided games. Each player will receive a camp t-shirt.

REGISTRATION FORM (please type or print)

Name _____ Age _____

Address _____

City _____ Zip _____

Parent's Name _____

Phone #: Hm _____ Wk _____

Emergency Contact: Name _____ # _____

Allergies/Medical Concerns _____

High School _____ Year _____

MEDICAL CARE CONSENT & RELEASE OF LIABILITY: I authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in an emergency. I agree that neither I, nor my child, will bring any claims of any kind against Pacific Lutheran University or its agents, instructors, or coaches as a result of any injuries expenses, or damages that I or my child may suffer in connection with my child's participation in the camp, whether such claims are known or unknown or arise in the future.

Parent/Guardian Signature _____

Date _____

Mail Completed form with Check payable to:

PLU Men's Soccer c/o John Yorke

Athletic Dept.

Pacific Lutheran University

Tacoma, WA 98447

For questions call John Yorke 253.334.8999 or e-mail at yorkejh@plu.edu

PLU Activity Participation & Medical Release Form

In consideration of my application to participate in a voluntary program at Pacific Lutheran University (PLU), I agree to the information below.

I understand that participating in a program at PLU involves risk. These risks are identified in the following categories:

Learning Environment: I understand that participating in a learning environment involves some risk. I will be moving from location to location on campus and/or in other locations, and learning within facilities at PLU and/or elsewhere. This involves risks and potential of injury. These risks vary depending on innumerable factors. Injury can occur as a result of equipment failure, weather, acts of other participants or third parties, lack of or improper supervision, or disease. Every type of injury could occur. This may include broken bones, chemical exposure, back or brain damage, death or dismemberment.

Active Participation: I understand that part of my experience at PLU may include active participation, athletic or aerobic activity. Participation in these activities requires rigorous exercise under conditions which are sometimes dangerous. Injuries to the participant can occur in many foreseeable and unforeseeable ways. Injuries can occur as a result of: equipment failure, poor surface and/or field conditions, lack of proper supervision and the negligence of other participants (including but not limited to teammates, opponents, spectators, or officiating personnel). They can occur during periods of free time, strength development exercises, during practices or at athletic events themselves. Injuries can occur even if you, your teammates and opponents are physically fit and participating according to the rules of your chosen sport. They can also occur because you, your teammate or opponent is not physically fit or does not abide by the rules. Every type of injury could occur. This may include broken bones, ligament tears, back or brain damage, death or dismemberment.

I wish to participate in the above activity scheduled at Pacific Lutheran University. I am fully aware of the special dangers and risks inherent in participating in the Activity, including physical injury, death, or other consequences arising or resulting from the activity. I agree to accept full responsibility for such risks. I agree to accept responsibility for all implied risks and possible acts of negligence by other persons and/or agents of PLU. I further agree to advise activity planners of any physical or mental limitations I may have. I agree to be fully responsible for my own property and equipment related to this activity. In consideration of my voluntary application and as a requirement to participate in this activity, I hereby release and indemnify Pacific Lutheran University and their staff of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered at Pacific Lutheran University. I also agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept full responsibility for any medical costs which may result from my participation and for any treatment for any injury sustained while taking part in the program. I have read this release and indemnification agreement and understand its meaning. This release is intended to bind by heirs, representatives, successors, assigns and administrators.

Signature of Parent/Legal Guardian

Date

Printed Name

Parent or legal guardian must also sign for participants under 18 years of age. Being fully informed of these risks, I hereby consent to the minor participating in the activity.