

Bearcat Soccer

August 3rd– 7th, 2009 ○
August 10th– 14th, 2009 ○

Fill in the circle for the camp you want to attend
Camp cost is \$110 per week.
\$195 for both weeks
\$97.50 per kid per week for parents with 2 or more
kids in camp.

Player Registration Form

Name: _____ Age: _____

Parents Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Mail Registration and Payment (checks
payable to Willamette University Men's
Soccer) to:

Bearcat Youth Soccer Camp
c/o Nelson Larson
900 State Street
Salem, OR 97301

Questions???
Comments.



Nelson Larson
503.853.6876
bearcatsfc@yahoo.com

Willamette University
Bearcat Youth Soccer Camp
c/o Nelson Larson
900 State Street
Salem, OR 97301

NONPROFIT ORG
US POSTAGE
PAID
SALEM OR
PERMIT NO. 152

WILLAMETTE BEARCATS

YOUTH SOCCER CAMP

August 3rd to August 7th

August 10th to August 14th

Ages 5-12 years old



*Hosted by
Willamette University and
the Men's Soccer Program*

Camp Director/Staff

Head Men's Coach Nelson Larson is the Bearcat Youth Camp director.

The camp uses current Willamette University Men's and Women's soccer players to coach the campers. The staff is given a curriculum that takes the kids through a series of skill sets and games that allow the campers to get the most out of the week.

Camp Director Nelson also actively participates to ensure that all campers leave having a great experience.

Schedule

Check-in will be Monday Morning at 9:45 am at Sparks Field. Kids will be split into their corresponding age groups and introduced to their coaches for the week.

Check-out is every day at 3 pm. All kids are asked to point out their parents to their coaches before leaving.

Lunch is from 12-1 pm. The first 30 minutes are set aside for eating and relaxing. Parents are welcome to join their kids for lunch.

What To Bring

Soccer Checklist:

- Proper Soccer Attire
 - Soccer Cleats
 - Ball
 - Shingaurds

Extras Checklist:

- Sack Lunch
 - Water
- Extra Snacks/Gatorade

Costs

\$110 a week

\$195 for both weeks

\$97.50 per player per week for parents who enroll 2 or more kids

All players will receive a t-shirt at the end of the week.

Release Authorization for Emergency Treatment

I understand that I am required to maintain and carry accident medical coverage for the child listed on this application and I verify that the coverage information attached herewith is accurate and true.

In case of emergency and I cannot be reached, I authorize the staff of the Bearcat Youth Soccer Camp to obtain whatever medical treatment they deem necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent/guardian of the minor _____ and I am signing this RELEASE on behalf of said minor.

Signature of Parent/Guardian of Minor

Date

Name of Medical Insurance Carrier

Policy Number

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the Bearcat Youth Soccer Camp, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Bearcat Youth Soccer Camp, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to participation in Bearcat Youth Soccer Camp.

Assumption of Risks: Participation in the Bearcat Youth Soccer Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in the Bearcat Youth Soccer Camp. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Bearcat Youth Soccer Camp HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Bearcat Youth Soccer Camp and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledge of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent of the law.

Signature of Parent/Guardian of Minor

Date

Name of Minor (Print)

Date of Birth