



Women's Soccer ID Camp

July 29-31 | 5 p.m. to 6:30 p.m.

Leemon Field - McKendree University

The McKendree University Soccer Individual Development (ID) Camp is for players in grades 7-12. The camp will provide attendees exposure to excellent training and instruction, and will provide an opportunity to become familiar with the college soccer experience. Camp registration is \$100 and includes 3 days of instruction, technique work, and competition. This is a non-residential camp and there are many lodging options available in the surrounding area. We strongly encourage attendees to contact Drury Hotels by visiting www.mckbearcats.com/drury online to book a room at a special McKendree rate. If you have questions about the camp, please contact McKendree Women's Soccer coach Tim Strange at 618-537-6910 or by email at tstrange@mckendree.edu.

Player Registration Form

Participant's Name				High School			
Participant's T-Shirt Size (Circle One)				Graduation Year			Position
Street Address							
City				State			Zip Code
Home Phone (w/ Area Code)				Cell Phone (w/ Area Code)			E-Mail

Please send this completed application, signed waiver and payment to:
McKendree University Women's Soccer Summer ID Camp
 701 College Road
 Lebanon, IL 62254

**** REGISTER ONLINE AT**
www.mckendree.edu/womenssocceramps******

**** Please make checks payable to McKendree University Soccer ****

Participation Waiver

I, _____ (Participant), hereby acknowledge that I have voluntarily elected to participate in the McKendree University Soccer ID Camp. In consideration for being permitted by McKendree University to participate in the Event or Activity, I hereby acknowledge and agree to the following. **Voluntary Participation:** I acknowledge that my participation is elective and voluntary and that my participation is not required by the university. **Rules and Requirements:** I acknowledge that the university has the right to terminate my participation in the Event/ Activity if it is determined that my conduct is deemed contrary to established rules and detrimental to the best interests of the group or university.

Release & Waiver of Liability: I, on behalf of myself, my personal representatives, heirs, executors, agents, and assigns, hereby RELEASE, WAIVE, DISCHARGE, AND CONVEY TO THE UNIVERSITY, ITS GOVERNING BOARD, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY STUDENTS (HEREIN AFTER REFERRED TO AS "RELEASEES") FOR ANY AND ALL LIABILITY. I further agree that Releasees are not in any way responsible for any injury or damages of any kind that I may sustain as a result of my participation.

Personal Medical Considerations: I acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Event/ Activity. I further acknowledge and understand that Releasees may not have medical personnel at the location of the Event/ Activity. In the event of any medical emergency, I do not _____ (initial one) authorize medical care that university personnel deem necessary.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR LEGAL GUARDIAN AS WELL AS MY OWN.

 Signature of Participant _____ Date _____

 Signature of Parent of Guardian _____ Date _____