

# **HAVERFORD**

## **SOCCER**



**JUNIOR PROSPECTIVE STUDENT-ATHLETE DAY & CLINIC**  
**SUNDAY, APRIL 5, 2020**  
**(9:00 A.M. - 4:15 P.M.)**

WHERE: Haverford College

WHO: Open to all high school juniors

COST: \$75

DEADLINE TO REGISTER: March 23, 2020

**Prospective Student-Athlete Day is a great opportunity to learn about our women's soccer program. Prospective students meet with current players, tour campus, and get a better sense of what Haverford and our soccer program has to offer. Our clinic will provide quality instruction from the Haverford College coaching staff and players. The clinic will cover technical and tactical aspects of the game..**

**Haverford College Women's Soccer  
Junior Day & Clinic  
Sunday, April 5, 2020**

SCHEDULE

8:45 A.M.: Check In GIAC  
9:15 A.M. - 9:45 A.M.: Admissions Presentation  
9:45 A.M. - 10 A.M.: Faculty Presentation  
10 A.M. - 10:15 A.M.: Office of Academic Resources Presentation (OAR)  
10:30 A.M. - 11 A.M.: Recruiting Presentation  
11 A.M. - 11:30 A.M.: Player Panel  
11:30 A.M. - 12:30 P.M.: Lunch (bring your own lunch and eat with the team)  
12:30 P.M. - 1:30 P.M.: Campus Tour  
2:15 P.M. - 4:15 P.M.: Clinic

WHAT TO BRING: Cleats, shin guards, water bottle, soccer ball (please bring weather appropriate clothes)

WEATHER: If we are forced to cancel due to inclement weather, you will be refunded aside from the service fee if registered online.

MAKE \$75 CHECK PAYABLE TO: Haverford College Women's Soccer

QUESTIONS CONTACT: Jamie Schneck - jschneck@haverford.edu - (610) 896-1307

**MAIL CHECK, REGISTRATION FORM & SIGNED WAIVER TO:**

Jamie Schneck, Head Soccer Coach  
Haverford College  
370 Lancaster Avenue  
Haverford, PA 19041

Due by March 23, 2020  
No refunds will be honored after Tuesday, March 24, 2020

Name: \_\_\_\_\_

# of people attending lunch including prospective student: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Graduating Year: \_\_\_\_\_ Position \_\_\_\_\_

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

Club Team: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Emergency Contact name/phone number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

# HAVERFORD COLLEGE ATHLETIC DEPARTMENT SPORTS CAMPS & CLINICS

## ASSUMPTION OF THE RISK, WAIVER, AND RELEASE AGREEMENT

Name of Participant: \_\_\_\_\_ Name of Sports Camp/Clinic: \_\_\_\_\_

Dates of Sports Camp/Clinic: \_\_\_\_\_

In consideration of Haverford College's acceptance of Participant into the above Sports Camp/Clinic, and intending to be legally bound, Participant (and his/her parents and/or legal guardians if Participant is under the age of 18 years old) agree as follows:

It is agreed that all risks attendant to watching and/or participating in camp or clinic activities, including, but not limited to bodily injury and ailments resulting from high heat or humidity, are assumed by Participant and that this assumption is acknowledged, approved, and agreed to by Participant as indicated by the signature(s) hereto.

Participant certifies that s/he is physically able to participate in the above camp or clinic and knows of no physical impairments or conditions which would in any manner limit his/her participation in such a program. Participant hereby grants permission for the College, including its employees and contractors, as well as athletic trainers, physicians, dentists, and other licensed health care providers and their designees, to secure transportation for the provision of emergency medical treatment to Participant; to administer outpatient medical, surgical, or dental services, as necessary; to administer antigens or other injections, as necessary; to provide emergency medical services; and/or to refer Participant to other duly licensed medical personnel.

Further, Participant, for his/her self, heirs, executors, administrators, and assigns, does hereby release and forever discharge Haverford College, including its managers, administrators, employees, agents, students, and volunteers, from any claims that Participant might have with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of Participant's participation in the camp or clinic. Participant also agrees to save, hold harmless, and indemnify Haverford College, including its managers, administrators, employees, agents, students, and volunteers, against any and all claims, including for costs and attorneys' fees, resulting from his/her participation in the camp or clinic.

**By signing this Agreement, Participant is giving up, among other things, any and all rights Participant may have to sue Haverford College for injuries, damages or losses resulting from participation in the camp or clinic.**

Participant understands that the terms of this Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania, and that if any portion of the Agreement is declared invalid, the remainder of this Agreement shall remain binding and enforceable. Participant further agrees that this document constitutes the entire Agreement between the parties as to the subject matter herein, and that any oral representations, statements or inducements not specifically contained in this Agreement shall not be considered part of it.

\_\_\_\_\_  
Name of Participant (typed or printed)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(if Participant is under age 18)

\_\_\_\_\_  
Date