

Anderson Women's Soccer Elite Camps

Fri. June 29th & July 13th , 2012
9:00am – 4:00pm

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The purpose of the elite camp is to provide high school girls, who want to play at the college level, with a comprehensive experience and opportunity to discover more about Anderson University and the Women's Soccer program. Limited to the first 25 registrations, players will receive personal instruction from Anderson coaches and players.  
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CAMP SCHEDULE

9:00 am	Check-in
9:30 am	Training Session
11:30 am	Lunch & Admissions Info.
12:15 pm	Campus Tour
1:30 pm	Games Session
4:00 pm	Q&A with Coaches

THE BENEFITS of CAMP

- Experience what it takes to be a **RAVEN!**
- 2 training sessions
- Tour of Campus & Athletic Facilities
- Info Session with Admissions
- Lunch & T-shirt included

To Register

Fill out the attached Registration Form and mail it along with a check (\$60) to Anderson University Women's Soccer Camp
Jennifer Myhre, Head Women's Soccer Coach
1100 East Fifth Street Anderson, IN 46012



Directions/Map (Meet at #8)

<http://www.anderson.edu/admissions/discover/map.html>



Questions???? Please e-mail or call
Jennifer Myhre, Head Coach , jcmihre@anderson.edu / 703-850-0946

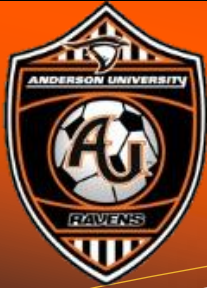
ONE PASSION



ONE TEAM



ONE PURPOSE



Anderson Women's Soccer Elite Camps

Please fill out form and return with check to:

Anderson University
Jennifer Myhre
Head Women's Soccer Coach
1100 East Fifth Street
Anderson, IN 46012

June 29th _____

July 13th _____



FULL NAME: _____

GRAD YEAR: _____ HIGH SCHOOL _____

CLUB TEAM: _____ POSITION: _____

MAJOR INTEREST: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PLAYER CELL #: _____ PLAYER E-MAIL: _____

PARENT CELL #: _____ PARENT E-MAIL: _____

EMERGENCY PHONE #: _____

PARENT/GUARDIAN NAMES: _____

T-SHRIT SIZE: _____



Cost of Camp is \$60
Please make checks payable to:
Anderson University
Women's Soccer Camp

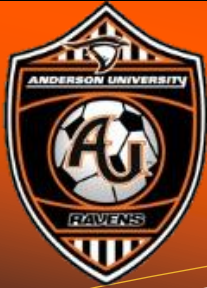
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Anderson University ASSUMPTION OF RISK & GENERAL RELEASE



I want my child to participate in the Anderson Women Soccer 2012 _____ Camp ("Camp"). My child has been examined by a physician and determined to be able to participate in Camp activities. I understand that Camp activities are physically strenuous and that there are hazards and risks, as well as benefits, associated with participation in the Camp. I voluntarily assume all the hazards and risks on behalf of my child. In consideration of the benefits, I, on behalf of myself, my child, and those acting on our behalf, irrevocably and unconditionally release, waive, and promise not to sue Anderson University and those acting on its behalf, from/for any and all liabilities, losses, injuries, damages, claims, actions and causes of action arising from or connected with his/her participation in the Camp including but not limited to, transportation, and the securing of medical treatment. I give Anderson University permission to provide/secure medical treatment for my child in a situation requiring medical treatment in Anderson University's judgment.

I grant Anderson University (and/or those acting on its behalf) permission to photograph, videotape, or record my child's image, voice and/or name in connection with the Program and to use the resulting materials in university or other publications, web sites, CDs, DVDs and/or other media, for educational and promotional purposes. I hereby waive and release any rights that I or s/he may have in said materials.

The laws of Indiana shall apply to this release. If any of its provisions are declared illegal, unenforceable, or ineffective, they shall be deemed severable, and all other provisions shall remain valid and binding. I'm an adult (18 years old or older), competent to sign this release. I've read it, understand its contents, and intend to be legally bound by it.

Parent/Guardian Signature

Date

PARTICIPANT NAME: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT: INSURANCE:

Name: _____

Insurance Company: _____

Relationship: _____

Policy/Group #: _____

Phone (w): _____

Primary Care Physician: _____

Phone (c): _____

Physician Phone: _____

ALLERGIES & MEDICATIONS – Please list current allergies and medications we should be aware of

