

**Lipscomb University Soccer Camp**  
**2015 Winter College ID Soccer Camp Application (Please copy as needed)**  
**JANUARY 10<sup>th</sup> & 11<sup>th</sup>**

**Camper Information:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ DOB \_\_\_\_\_  
Age \_\_\_\_\_ Grade (as of January, 2015) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_ Club Team Name \_\_\_\_\_

**Parent-Guardian Emergency Information**

Parent/Guardian Name: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Contact E-mail Address: \_\_\_\_\_ (we will send camp confirmation via Email)  
Check One:             Field Player             Goalkeeper  
T-Shirt Size (check one): **ADULT**  Small  Medium  Large  X-Large  
COST: \$200        SHUTTLE: \$30  Yes, I need a shuttle to and from the Airport (BNA)



**Release of Liability and Authorization for Medical Treatment**

In consideration of my child being permitted to participate in the Lipscomb Soccer Camp, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in the Camp and in the circumstances to which my child may be exposed during participation in the Camp, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my child's participation in the Camp; and Further I do for myself and my child's personal representative(s), heirs and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge Lipscomb University, and all its officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my child's participation in said Camp which results from causes beyond the control of a, and without the fault or negligence of, Lipscomb University, its officers, agents or employees, during the period of my child's participation in the Camp. Further, I hereby grant permission to the camp director and/or other school officials the right to seek and /pr administer appropriate medical aid to my child in the event of an emergency. In witness whereof, I have caused this Assumption of Risk, Release and Medical Authorization to be executed this \_\_\_\_ day of \_\_\_\_ 2014 / 2015

Insurance Company: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(Please enclose a photo copy of your insurance information)*

**Return completed application and Full payment, payable to:        LIPSCOMB MEN'S SOCCER CAMPS**  
**One University Park Drive**  
**Nashville, TN 37204**