



Lipscomb University Soccer Camp
1 Day College ID Soccer Camp Application (Please copy as needed)

Camper Information:

LastName _____ First _____ DOB _____

Age _____ Grade (as of January, 2012) _____

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)

Which Camp Date Will You Be Attending: January 14th February 4th

Check One: Field Player Goalkeeper

T-Shirt Size (check one): **ADULT** Small Medium Large X-Large

COST: \$100 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 disparage 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 ____ 2010

Insurance Company: _____ Parent/Guardian Signature: _____ Date _____

(Please enclose a photo copy of your insurance information)

Return completed application and Full payment, payable to: Charles Morrow

Men's Soccer
One University Park Drive
Nashville, TN 37204