Our Spring Clinic is a great opportunity to learn about the men’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.

**2019 HAVERFORD COLLEGE MEN’S SOCCER SPRING CLINIC**
**SUNDAY, MARCH 24, 2019**
**(12:00 P.M. - 4:00 P.M.**

WHERE: Haverford College
WHO: Open to all 9th-12th grade players
COST: $100
DEADLINE TO REGISTER: March 21, 2019
2019 Haverford Men's Soccer Spring Clinic  
Saturday, March 24, 2019

SCHEDULE
11:30 AM – Check In at Stokes Hall  
12:00 PM – Recruiting Q&A  
12:30 PM – Training Session  
1:30 PM – Small Sided games  
2:30 PM – 11v11  
3:30 PM – Closing remarks

WHAT TO BRING: Cleats, shin guards, water bottle, soccer ball  
(bring indoor flats/sneakers in case of inclement weather)

MAKE $100 CHECK PAYABLE TO: Haverford College Men's Soccer

QUESTIONS CONTACT: Zach Ward - zward@haverford.edu - (610) 896-1123

MAIL CHECK, REGISTRATION FORM & SIGNED WAIVER TO:  
Zack Ward, Head Soccer Coach  
Haverford College  
370 Lancaster Avenue  
Haverford, PA 19041

Due by March 21, 2019

No refunds will be honored after the registration deadline

Name: ______________________________________________________________________________

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 _________________________ Date _________________________

(if Participant is under age 18)