Participants will have the opportunity to work closely with WOSO coaching staff and current team members during two, on-field training sessions that include technical and small sided play.

**Attendees:**  High School Females  
9th - 12th graders  
Field Players/Goalkeepers

**When:**  Sunday, February 10th, 2019  
Registration, 11:30am - 12:00pm  
Field sessions, 12:00pm - 7:00pm

*Detailed schedule, campus tour and hotel information will be provided to all participants upon registration

**Where:**  Ingersoll Turf Arena (field turf)  
State-of-the-art, heated, indoor, fieldturf located less than ten minutes from campus! Home to the City of Auburn Parks and Recreation department and numerous adult and youth soccer leagues.

**Cost:**  $175 postmarked January 26th, 2018; $200, postmarked January 28th, 2019 or later  
Non-refundable $125 deposit to secure participation, postmarked January 26th, 2018  
Checks payable to Bates College Women’s Soccer  
Mail to: Bates College, Alumni Gym, Attn: Amanda Hamilton, W. Soccer, 130 Central Avenue Lewiston, ME 04240

*No refunds available.*

***REGISTRATION IS NOW FULL! PLEASE CONTACT ASSISTANT COACH AMANDA HAMILTON (AHAMILT3@BATES.EDU) FOR WAITLIST INQUIRIES.***
Parental Consent Form

I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of _____________ (camper) understand that soccer is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending clinic, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision at all moments. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer activities. I/We, represent that I/We have sought the opinion of our child’s physician _____________________ (camper’s physician), and he/she concurs that_____________________ (camper) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates Women’s Soccer Winter Clinic its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities, whether or not damages, injury, or loss is due to negligence.

_________________________________________________________________________________________________________________

Signature of Parent/Guardian Date
BATES COLLEGE ATHLETIC CAMP
PRESCRIBED MEDICATION FORM

CAMPER’S NAME: ____________________________________________

PRESCRIBED MEDICATIONS:
DRUG NAME: _____________________________
DOSAGE: _________

AMOUNT GIVEN: _______________ TIME GIVEN: _________

DRUG NAME: _____________________________
DOSAGE: _________

AMOUNT GIVEN: _______________ TIME GIVEN: _________

INHALERS: _____________________________
DOSAGE: _________

AMOUNT GIVEN: _______________ TIME GIVEN: _________

INHALERS: _____________________________
DOSAGE: _________

AMOUNT GIVEN: _______________ TIME GIVEN: _________

I, _____________________________ (please PRINT name), authorize the Bates College Camp Staff to administer to my son/daughter the prescribed medications listed above.

ALL MEDICATIONS NEED TO BE TURNED IN (INCLUDING INHALERS) TO THE CAMP STAFF DURING REGISTRATION. BECAUSE THE CAMP STAFF ARE NOT PHYSICIANS AND DO NOT RUN AN INFIRMARY OR CLINIC, THEY WILL NOT BE HELD RESPONSIBLE FOR INJECTING SHOTS. IF YOUR CHILD NEEDS SHOTS ADMINISTERED WHILE THEY ARE ATTENDING CAMP, SPECIAL ARRANGEMENTS MUST BE MADE WITH YOUR CHILD’S PHYSICIAN AND A PRIVATE PHYSICIAN IN LEWISTON OR AUBURN, MAINE.

PARENT/GUARDIAN’S SIGNATURE: _____________________________

DATE: _____________________________