

2010 Stanford Soccer Academy
College ID Camp Application
For Residential Campers

Name _____
 Address _____
 City _____ State _____ Zip _____
 DOB _____ Age _____ Gender _____
 Grade as of Fall '10 _____ Returning Camper? Y or N
 Parent/Guardian _____
 Phone (C) _____ (H) _____
 Club Team _____
 E-Mail _____
 (Email will be used as the primary means of communication)
 T-Shirt Size: (Adult Sizes) XS S M L XL

Stanford Soccer Academy

Women's Academy
 College ID & Development Camp (grades 10-12^{th*})
 June 22-25 Residential

Men's Academy
 College ID & Development Camp (grades 10-12^{th*})
 July 11-14 (Session 1) Residential
 July 15-18 (Session 2) Residential

Position (circle one) **GK D M F** (* as of Fall '10)

Roommate Preference: _____
 (Only one roommate request allowed.)

Cost:

Residential
(Overnight)
 \$645 by 4/1/10
 \$685 until camp

Please check one:

Full payment enclosed

\$250 enclosed, send me payment plan option

\$250 enclosed, balance will be paid by 6/1/10

If not paying in full, a deposit of \$150.00 must accompany the application form. All summer camp balances must be paid in full by **June 1st, 2010**. Camp balances not paid in full by June 1, 2010 will have a late fee of \$25.00 assessed. A \$125.00 non refundable cancellation fee will be deducted if cancellation is requested up until May 15, 2010. After that date, no cash reimbursements will be granted, a voucher for our 2011 summer camps for the amount paid less the \$125.00 non-refundable cancellation fee. New registrations received after June 1, 2010 must be paid in full at the time of registration. See the FAQ's at our website www.stanfordsoccer.com for the full cancellation policy.

Please make checks payable to:
Stanford Soccer Academy


Return to: Stanford Soccer Academy
 P.O. Box 10430
 San Jose, CA 95157-0430

Questions? Email camps@stanfordsoccer.com or call (408) 261-1982

Waiver Statements

Medical Coverage

All campers must have their own medical coverage. The Camp provides only supplemental coverage after your insurance policy has been utilized. Campers will not be allowed to play unless this form, a medical form, and a copy of the insurance card are submitted and the form must be signed by the parent or guardian of the camper. A medical form and camp information packet can be downloaded in PDF format at www.stanfordsoccer.com.

 In order to complete the campers registration, we must receive a CLEAR photocopy of his/her medical insurance card!

Statement of Disclaimer

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission to the staff of the Camp to seek, during the period of the Camp, appropriate medical attention for the camper and for 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 costs of medical attention and treatment. I/We, the undersigned, hereby acknowledge and understand that the Stanford Soccer Academy is a privately operated sports camp, and is not operated by or through Stanford University. The camp is neither sponsored, controlled, nor supervised by Stanford University, but rather is under the sole sponsorship, control, and supervision of the Stanford Soccer Academy. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge The Stanford Soccer Academy and Stanford University and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Camp activities or while at Camp.

Prior to mailing your registration documents, please make sure ALL of the following documents are enclosed:

__ Payment/Deposit (check/money order) *credit card not accepted*
 __ Application Form
 __ Medical Form
 __ Univ. Liability Release Form
 __ Photo copy (front & back) of Medical Card
 __ Key Deposit Form (credit card/separate check)

Registration Packet must be complete in order to be accepted.



 Signature (Parent or Guardian) Date

Official Use Only
 Envelope Postmark Date: _____

MEDICAL HISTORY SURVEY

Camper's Name _____

Name of Insurance Provider: _____

Insurance Company Phone #: _____

Policy #: _____

- | | | | |
|-----|---|-----|----|
| 1. | Does the participant have any condition that would preclude or limit participation in our programs? If so explain: _____ | YES | NO |
| 2. | Has the participant been informed that they have asthma?
If so, is it controlled by medication? YES NO | YES | NO |
| 3. | Has participant ever been informed they might have epilepsy, or ever experienced a seizure? | YES | NO |
| 4. | Has participant ever been treated for infectious mononucleosis, viral pneumonia, or another infectious disease during the past twelve months? | YES | NO |
| 5. | Has participant ever been treated for or informed by a medical doctor that they have a heart problem, a heart murmur, or high blood pressure? | YES | NO |
| 6. | Has participant ever been told they have hemophilia or other bleeding disorders or currently have easy bleeding or bruising? | YES | NO |
| 7. | Has participant ever been told they have a hernia? If so, is it repaired? | YES | NO |
| 8. | Has participant had any operations in the past two years? If yes, indicate the anatomical site and date: _____ | YES | NO |
| 9. | Is participant taking any prescribed medications? If so, please indicate name of drug and indicate why it is prescribed and dosage: _____ | YES | NO |
| 10. | Has participant ever been treated for Osgood-Sclatter (knee) Disease? | YES | NO |
| 11. | Has participant had a fracture during the past two years? If yes, indicate the site of the fracture and the date: _____ | YES | NO |
| 12. | Has participant had any joint dislocation during the past two years? If so, please indicate which joint: _____ | YES | NO |
| 13. | Is participant allergic to penicillin or any other medications?
If so, please list: _____ | YES | NO |
| 14. | Is participant allergic to insect stings or any food?
If yes, please list: _____ | YES | NO |
| 15. | Have there been any disciplinary, emotional, learning disabilities or other concerns, which we should be aware of? If so, please explain: _____ | YES | NO |

COMMENTS:

PARENT/GUARDIAN: All of the above questions have been answered completely and truthfully to the best of my knowledge.

Date

Parent/Guardian Signature

Emergency Contacts:

1) Name/Relationship to Camper: _____ Phone #: _____

2) Name/Relationship to Camper: _____ Phone #: _____



2010 _____
Assumption of Risk. Release of Claims and Hold Harmless Agreement

The parties to this Release are _____
(Participant), _____ (Participant's parents or
legal guardian, if Participant is under 18, all referred to hereafter jointly and
severally as "Participant") and the Board of Trustees of the Leland Stanford
Junior University its officers, trustees, faculty, agents, representatives,
volunteers, students and employees (collectively referred to hereafter as
"Stanford") for the _____
_____ ("Event").

Participant is a voluntary participant in this Event. Participant understands and
agrees that such activities may be dangerous. Participant is apprised that
Stanford shall not be subject to claims or suit to be made by or on behalf of
Participant or Participant's heirs, representatives or assigns as a
consequence of Participant's participation in the Event.

Assumption of Risk. Participant expressly understands and agrees that the
Event presents risks to Participant and her/his property. These risks can
include, among others (by way of example and without limitation): disease
risks; health care; injury to the head, neck or spine; injury to the muscular or
skeletal systems; injury to internal organs; scratches, bruises, strains, sprains,
contusions, falls, fractures; physical violence; verbal abuse; loss or damage to
sight, teeth or hearing; paralysis; concussions; brain damage; long and/or
short-term disability; loss of income and/or career opportunities; serious injury
and/or death. Participant is responsible for researching and evaluating the
risks he/she may face and is responsible for his/her actions. Any activities that
Participant may take part in, whether as a component of the Event or separate
from it, will be considered to have been undertaken with Participant's approval
and understanding of any and all risks involved. This includes, but is not
limited to, risks associated with the consumption of alcoholic beverages and/or
drugs, property loss, injury to person or property, or death arising out of traffic
accidents, assault, and theft or other activities.

***It is Participant's intention that this assumption of all risks shall be
legally binding and a complete bar to Participant, Participant's heirs,
personal representatives, relatives and assigns. This assumption of risk
applies to all activities arising out of, associated with or resulting directly
or indirectly from Participant's participation in the Event, including but
not limited to those risks listed above.***

Participant further recognizes, understands and agrees that neither Stanford
nor the Event assume responsibility for any liability as regards damage or
injury that may be caused by Participant's negligence or willful acts committed
prior to, during or after participation in the Event, or any liability, damage or
injury caused by others, including other participants.

Adherence to Standards. Participant understands and agrees to abide by all
Stanford policies, rules, and regulations and to all sports' rules and regulations.

Release of Claims. In consideration of being accepted into and/or
participating in the Event, Participant agrees for Participant and on behalf of
Participant's heirs, executors, administrators, employers, agents,
representatives, insurers, and attorneys, to release and discharge Stanford of
and from and acknowledges that there is no responsibility on the part of
Stanford for any and all claims which may arise from any cause whatsoever,
including any negligent act or omission by Participant, Stanford or others.

Participant intends that both the assumption of risk and the release of claims
be complete defenses to any and all actions, claims or demands that
Participant, Participant's heirs or legal representatives have or may have for

injuries to person or property, including death, as a result of activities for which
the participant has assumed risks and/or released claims.

Indemnification and Hold Harmless. Participant hereby agrees to
indemnify, defend, and hold harmless Stanford from any injury, loss or
liability whatsoever including reasonable attorneys' fees and/or any other
associated costs, from any action, claim, or demand that Participant,
Participant's heirs or legal representatives, has or may have for any and all
personal injuries Participant may suffer or sustain, regardless of cause or
fault as a result of, arising out of, associated with, or resulting directly or
indirectly from Participant's voluntary participation in or decision to
participate in the Event, travel to and from the Event and any and all related
activities, on or off of Stanford's campus. ***This Indemnification and Hold
Harmless Agreement is intended to be all encompassing.***

Physical Condition and Insurance. Participant attests that she/he is
physically and mentally capable of participating and has no known health
restrictions that might jeopardize her/his safety or health or the safety or
health of others during their participation in the Event. Participant gives
permission for Stanford or its representative to provide immediate and
reasonable emergency care should it be required.
Participant agrees to be solely responsible for payment in full of all costs of
medical care she/he may receive.

Severability. It is understood and agreed that, if any provision of this
Agreement or the application thereof is held invalid, the invalidity shall not
affect other provisions or applications of this Agreement which can be given
effect without the invalid provisions or applications. To this end, the
provisions of this Agreement are declared severable.

Governing Law and Venue. This Agreement shall be construed in
accordance with, and governed by, the laws of the State of California. The
venue for any action arising out of this Agreement shall be the County of
Santa Clara, State of California. The parties agree to submit to jurisdiction
in Santa Clara County, California.

Construction and Scope of Agreement. The language of all parts of this
Agreement shall in all cases be construed as a whole, according to its fair
meaning, and not strictly for or against any party. This Agreement is the
only, sole, entire, and complete agreement of the parties relating in any way
to the subject matter hereof. No statements, promises, or representations
have been made by any party to any other, or relied upon, and no
consideration has been offered or promised, other than as may be expressly
provided herein. This Assumption of Risk, Release of Claims,
Indemnification, and Hold Harmless and Agreement supersedes any earlier
written or oral understandings or agreements between the parties.

**Participant acknowledges that he/she has read this Assumption of
Risk, Release of Claims, Indemnification and Hold Harmless
Agreement, understands its meaning and effect, and agrees to be
bound by its terms.**

Date:
Participant Signature:

Participant's Name Printed:

Date:
Signature of Custodial Parent or Legal Guardian (if Participant under 18):

Custodial Parent or Legal Guardian Name Printed:

2010 CREDIT CARD AUTHORIZATION FORM

For Key Deposit and Camp Bank Store

NAME OF CAMPER: _____ **

**Please note which camp your child is attending

Girls Camps:

___ 6/18-6/21 Junior Elite (Session 1)
___ 6/22-6/25 College ID & Development
___ 7/7-7/10 Junior Elite (Session 2)

Boys Camps:

___ 7/11-7/14 College ID & Development (Session 1)
___ 7/15-7/18 College ID & Development (Session 2)
___ 7/15-7/18 Junior Elite

INFORMATION

NAME THAT APPEARS ON YOUR CREDIT CARD EXACTLY

(Please print clearly)

ADDRESS ON FILE WITH CREDIT CARD COMPANY

(This address must match what is on record with your credit card company)

City _____ State _____ Zip Code _____

Best Contact Phone Number () _____

PLEASE COMPLETE THE CREDIT CARD TYPE TO BE BILLED

<input type="checkbox"/> Visa	_____	Exp. Date: _____
	Credit Card Number	3 Digit on Back of Card _____
<input type="checkbox"/> MasterCard	_____	Exp. Date: _____
	Credit Card Number	3 Digit on Back of Card _____
<input type="checkbox"/> American Express	_____	Exp. Date: _____
	Credit Card Number	
<input type="checkbox"/> Discover	_____	Exp. Date: _____
	Credit Card Number	3 Digit on Back of Card _____

\$125.00 Room Key Deposit * Residential Campers Only

\$ _____ Camp Bank Store *Maximum Amount Allowed

TOTAL AMOUNT AUTHORIZED TO CHARGE: \$ _____ (Total of both)

Each amount authorized will be processed separately. The key deposit *will only* be charged if the camper does not return his/her key at checkout. The camp bank store *will only* be charged for the actual amount used (up to the authorized amount listed above). The minimum amount allowed to charge is \$20.00

X

CARDHOLDER SIGNATURE

The charge will appear on your credit card statement as "SV Soccer Camps, Inc."

Questions? Email camps@stanfordsoccer.com or call (408) 261-1982