

2012 Stanford Soccer Academy

College ID Camp Application

For Residential Campers

Name _____

Address _____

City _____ State _____ Zip _____

DOB _____ Age _____ Gender _____

Grade as of Fall '12 _____ 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) S M L XL

Stanford Soccer Academy

Women's Academy

College ID & Development Camp (grades 9th-12th*)

June 27-30 Residential

Men's Academy

College ID & Development Camp (grades 9th-12th*)

July 15-18 (Session 1) Residential

July 19-22 (Session 2) Residential

Position (circle one) GK D M F (*) as of Fall '12

Roommate Preference: _____

(Only one roommate request allowed.)

Cost:

(Must be postmarked by:)

Residential

(Overnight)

\$705 by 3/1/12,
\$745 until camp

Please check one:

- Full payment enclosed
 \$250 enclosed, send me payment plan option
 \$250 enclosed, balance will be paid by 6/1/12

If not paying in full, a deposit of \$250.00 must accompany the application form. All summer camp balances must be paid in full by **June 1st, 2012**. Camp balances not paid in full by June 1, 2012 will have a late fee of \$25.00 assessed. A \$150.00 non-refundable cancellation fee will be deducted if cancellation is requested up until May 15, 2012. After that date, no cash reimbursements will be granted, a voucher for our 2013 summer camps for the amount paid less the \$150.00 non-refundable cancellation fee. New registrations received after June 1, 2012 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-Admin. Office
879 E. Hamilton Avenue
Campbell, CA 95008

Questions? Email camps@stanfordsoccer.com or call (408) 559-9990

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.

 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.

X _____

Signature (Parent or Guardian)

Date

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.

Official Use Only

Envelope Postmark Date: _____



**RELEASE OF LIABILITY, ASSUMPTION OF RISK, HOLD HARMLESS,
AGREEMENT TO INDEMNIFY AND NOT TO SUE FOR MINORS
PARTICIPATING IN STANFORD SUMMER PROGRAMS**

I hereby give my consent for the below named minor (“Minor”) to participate in _____ at Stanford University during the 2012 summer (“Stanford Summer Program”).

Individually, and as parent or legal guardian of Minor, I understand that the minor’s participation in the Stanford Summer Program involves potential personal and property risks. Injuries may be serious or minor, including but not limited to: head or neck injuries, loss of sight, broken bones, brain damage, paralysis, and death.

I hereby certify that (1) I know Minor’s state of health and physical and mental well-being, (2) that Minor is physically and mentally fit to participate in the Stanford Summer Program and (3) Minor has/will have health insurance while participating in the Stanford Summer Program.

I expressly acknowledge that I understand all policies, rules and regulations of the Stanford Summer Program and I will ensure that Minor understands and agrees to abide by all policies, rules and regulations of the Stanford Summer Program.

I individually as parent or legal guardian of minor and, to the extent permitted by law, on behalf of minor, expressly assume all risks of injury and/or death associated with, arising out of or related to Minor’s participation in the Stanford Summer Program at Stanford University. I expressly understand that Stanford University, its affiliates and any party contracting with Stanford University assume no responsibility for the Minor’s negligence or willful misconduct, or that of others.

I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, agree not to sue and to defend, indemnify and hold harmless the Board of Trustees of the Leland Stanford Junior University, its officers, trustees, faculty, agents, representatives, volunteers, students, and employees (“Stanford”) for any loss, damage or injury associated with or caused by the negligence or intentional conduct of Minor arising out of or related to the Minor’s participation in the Stanford Summer Program.

I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, hereby release and discharge, and agree not to initiate or be a party to any legal action against Stanford, who through negligence or carelessness, might otherwise be liable to me, Minor, our respective heirs, personal representatives, relatives or assigns from all liability associated with, arising out of, or related to Minor’s participation in the Stanford Summer Program including all liabilities associated with and all claims that may be filed on behalf of or for the Minor.

I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, agree that this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue is to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of it is held invalid it is agreed that the balance shall continue in full force and effect.

I understand that by signing this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue, is legally binding on me, Minor, our respective heirs, personal representatives, relatives and assigns and that I am giving up both my and Minor's legal rights and remedies which otherwise would be available to me and/or Minor, our heirs, personal representatives, relatives or assigns against Stanford.

I have carefully read this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue and fully understand it. I have explained the significance of this release of liability, assumption of risk, agreement to indemnify and not to sue to Minor.

I am of legal age and voluntarily sign this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue.

Please initial to indicate whether you are the parent or legal guardian of the minor.

(____) Parent (____) Legal Guardian

Print Minor's Name

Parent or Legal Guardian's Signature

Print Name of Parent or Legal Guardian

Address

Telephone Number

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 #: _____

2012 CREDIT CARD AUTHORIZATION FORM

For Key Deposit and Camp Bank Store

NAME OF CAMPER: _____**

**Please note which camp your child is attending

Girls Camps:

___ 6/23-6/26 Junior Elite (Session 1)
___ 6/27-6/30 College ID & Development
___ 7/11-7/14 Junior Elite (Session 2)

Boys Camps:

___ 7/15-7/18 College ID & Development (Session 1)
___ 7/19-7/22 College ID & Development (Session 2)
___ 7/19-7/22 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 _____

\$145.00 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) 559-9990