



# BOSTON UNIVERSITY WOMEN'S SOCCER

LOCATION: NICKERSON STADIUM, 300 BABCOCK ST. BOSTON, MA 02215

## Terrier Training Girls Soccer Clinic

# Sunday March 18, 2012

All 9-12 grade female soccer players who are serious about their soccer development are welcome to attend



We invite **YOU** to participate in our one day soccer clinic & receive coaching by the Boston University Coaching staff, **Nancy Feldman, Elizabeth Driscoll, Jessica Clinton** and members of our team.

**Cost: Includes lunch and a clinic t-shirt**

\$100 (paid before February 20th, 2012); or \$120 after February 20<sup>th</sup>, 2012. Checks payable to Terrier Training

\*Enrollment is limited, and registrations are made on a first come, first serve basis.

\*Cancellation Policy: Registration fees are fully refundable until March 5<sup>th</sup> or in the case of inclement weather and the clinic is canceled

### Clinic Schedule

Sunday March 18, 2012

- 9:30 am Registration  
(lobby of Case Gym)
- 9:50 am Welcome by Liz Driscoll
- 10:00 am Dynamic warm-up
- 10:15 am Technical skill development  
& small sided competitive games
- 12:00 pm Lunch and college  
recruitment seminar
- 12:45 pm Facilities Tour
- 1:15 pm Warm-up
- 1:30 pm Position specific functional  
training & 8v8 or 11v11 games
- 3:30pm Clinic closure & final remarks

### To Bring:

Soccer Equipment: ball, cleats, shin guards, sneakers, water bottle, appropriate layers for weather and a change of clothes

REGISTRATION: PLEASE COMPLETE ATTACHED REGISTRATION FORM AND MAIL WITH CLINIC FEE (MADE OUT TO TERRIER TRAINING) TO:

BOSTON UNIVERSITY ATHLETICS

ELIZABETH DRISCOLL, ASSOCIATE WOMEN'S SOCCER COACH

285 BABCOCK STREET

BOSTON, MA 02215

QUESTIONS: CONTACT: LIZ DRISCOLL @ (617) 353-8497 OR [EDRISCOL@BU.EDU](mailto:EDRISCOL@BU.EDU)



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## Terrier Training Girls' Soccer Clinic: Sunday March 18th, 2012

Please return completed registration form, medical authorization and waiver form and medical form along with the camp fee to secure a space at our clinic!

Checks should be made payable to: Terrier Training

Camp fee: Early Bird Fee: (post marked on/before February 20th): \$100 Regular Fee (Feb. 21<sup>st</sup> to on site registration): \$120 (Please note, fee includes lunch and clinic t-shirt).

Enrollment is limited, and registrations are made on a first come, first serve basis

Cancellation policy: Registration fees are fully refundable until March 5th, or in the case of inclement weather and the clinic is canceled.

If you have Questions about Clinic, please contact, Clinic Director, Liz Driscoll at (617)353-8497 or via email at: [edriscol@bu.edu](mailto:edriscol@bu.edu)

T-Shirt size: Please Circle:    Adult Small    Adult Medium    Adult Large    Adult XL

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Name:

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Address: Street:

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Address: City/State/Zip

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Email: Parents:

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Email: Participants:

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Phone number: Parent's Home

Cell:

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Phone number: Participants' cell phone:

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High School:

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Grade:

DOB:

Age:

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Club Soccer Team:

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Favorite/Best Soccer Position/s:

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# BOSTON UNIVERSITY WOMEN'S SOCCER

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These forms must be completed and signed by the participating player's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while the **Terrier Training Clinic** is in session. Your daughter may not participate in the clinic unless these forms are complete.

**MEDICAL EMERGENCY CONTACT INFORMATION FOR:** \_\_\_\_\_

Person(s) to contact \_\_\_\_\_

Name Relation to Player \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

**INSURANCE POLICY INFORMATION**

The above-named child is covered by health insurance (please circle one):      Yes      No  
If yes, provide the following information which is required by Boston University to expedite treatment

Policy Holder's (P.H.) Name Relation to player \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Occupation \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company's Address \_\_\_\_\_

Policy # Plan # \_\_\_\_\_

**MEDICAL TREATMENT CONSENT**

I, the legal guardian of the above-named player, authorize the **Terrier Training** staff to seek medical treatment for the player as they see necessary. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the clinic staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Clinic staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the ATC staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made.

Legal Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name Date \_\_\_\_\_ Date: \_\_\_\_\_



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## WAIVER AND RELEASE STATEMENT

The undersigned, being a parent or legal guardian of the child requesting admittance to the ***Terrier Training Soccer Clinic***, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant participate in vigorous physical activity.

I understand that, as a condition of admittance to the ***Terrier Training Soccer Clinic***, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases ***Terrier Training***, Boston University, and Boston University employees or agents of the clinic from any liability from any loss or damage of personal property, mental or physical injury or illness, suffered by the player during or related to the ***Terrier Training Soccer Clinic***.

Player's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Complete registration, medical authorization and waiver release forms must be signed and submitted at registration for participation in the Terrier Training Soccer Clinic***