

UNIVERSITY OF SOUTH DAKOTA SOCCER

Player Development Center

The player development center will be run by the USD Women's Coaching Staff and the USD players. Our players and staff here want to play a huge role in your child's long term soccer development. The kids will be taken through age appropriate technical, tactical, and physical soccer activities that will be fun, high energy, and challenging.

Location: First Bank & Trust Soccer Complex N. University Street

**SESSIONS ARE OPEN TO BOYS
AND GIRLS 3-5 YEARS OLD
TIME: 6-6:30pm
Check in: 5:50pm**

**PLAYERS ARE TO WEAR SHIN GUARDS, BRING A
SOCCER BALL AND A DRINK**



SESSION DATES WILL BE AS FOLLOWS:

SESSION 1: WEDNESDAY JUNE 14

SESSION 2: WEDNESDAY JULY 12

**Cost: \$5 Per Player Per Session
\$10 for both Sessions**

You can register online!!
www.southdakotasoccercamps.com

For more registration information, or for questions, e-mail: neil.mancktelow@coyotes.usd.edu

Walk-ups will still be welcome, but we would prefer that you register in advance in order to be prepared to provide a great camp experience!

If you have a disability and need assistance to participate, please contact Disability Services 48 hours prior to attendance of the event at 605-677-6389 or email disabilityservices@usd.edu. This document is available in alternative formats, upon request from Disability Services. Also, if financial costs prove prohibitive please contact Neil for scholarship information.

REGISTRATION FORM

Child's Name: _____

Age: _____ **Session:** Session 1 / Session 2 / Both (Please Circle)

Address: _____

Phone: _____

E-mail: _____

Amt. Enclosed: _____

Make checks payable to: South Dakota Women's Soccer

Arrangement for special needs? (For office use only)

Please return completed registration & check to:

University of South Dakota
Coyotes Women's Soccer
DakotaDome
414 East Clark Street
Vermillion, SD 57069

I hereby certify that the South Dakota Soccer Camp Staff has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. The South Dakota Soccer Camp and the University of South Dakota shall not be held responsible for any consequence resulting from such injuries.

I declare that I am the parent/guardian (circle one) of the above name minor.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in _____

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.
4. We agree that the university may take photos and video of campers participating in activities for promotional purposes.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT NAY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Guardian Signature: _____ **Date:** _____