

# SOUTH DAKOTA COYOTES SOCCER

# HIGH SCHOOL PRESEASON CAMP

## JULY 23, 24, & 25, 2017

For High School  
Field Players & Goalkeepers  
Entering Grades 7-12  
as of Fall 2017



Sunday July 23: 5pm - 7pm  
Monday July 24: 9am - 11am  
Tuesday July 25: 9am - 11am

This specialized camp is designed to help high school players prepare for their upcoming season!

Practices will be run by the Coyotes Soccer Staff and will take place at our  
brand new First Bank & Trust Coyotes Soccer Complex.

Cost is \$40 per person

**Register in Advance!!**  
[www.southdakotasoccercamps.com](http://www.southdakotasoccercamps.com)

For more registration information, or for questions, e-mail: [neil.mancktelow@coyotes.usd.edu](mailto:neil.mancktelow@coyotes.usd.edu)

Register in advance in order to save your spot and 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](mailto:disabilityservices@usd.edu). This document is available in alternative formats, upon request from Disability Services.

\* Camp is open to any and all participants limited only by gender, age, number and grade level.

### REGISTRATION FORM

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ School Year (Fall 2017): \_\_\_\_\_

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: \_\_\_\_\_