

2017 North Carolina Girls Soccer TC Individual Registration Form

Name _____ Age _____

Address _____

City _____ St _____ Zip _____

D-O-B _____ Grade Completed _____

Parent / Guardian _____

Phone (h) _____ (w) _____

Email _____

Please Check Box:

Team Camp I *July 7 - July 10*
\$495 *Ages 10 - 18*

Residential
Guilford College
Greensboro, NC

Cost:
\$495 per player

Please Check Box:

I would like to purchase a
 Special Edition Camp Ball for \$40

- Forward*
- Defender*
- Midfielder*
- Keeper*

Please make checks payable to:
NORTH CAROLINA GIRLS' SOCCER CAMP

Please Mail Form To:
NCGSC - ATTN Natalie Harris
4 Whistling Oak Trail
Greensboro, NC 27407

Phone number: **1.800.394.1223** (24 hour service)

Website: **www.ncgsc.com**

Enrollment can only be secured by sending an application and the
FULL PAYMENT as soon as possible. Space is limited.

Official use only:

Full Payment Received _____ Date _____

Waiver Statements Medical Coverage

All campers must have their own medical coverage. The Camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper.

Release - For Participation in Activity in Department of Athletics Facilities
For the purposes of this document, herein after referred to as "Release," the party intending to participate in the activity in the University Department of Athletics facilities shall hereafter be referred to as "Participant." The University of North Carolina at Chapel Hill, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as "University." The activity in the University Department of Athletics facilities that the Participant will participate in shall hereafter be referred to as the "Activity."

Description of Activity: SUMMER CAMP (NCGSC Summer 2014)

1. Release, Waiver of Liability, and Assumption of Risk: In consideration of the opportunity afforded Participant to participate in the Activity in the University Department of Athletics facilities, Participant hereby releases and forever discharges the University from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with the Activity. Participant understands that this Release discharges the University from any liability or claim that Participant may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Activity. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Activity, and Participant voluntarily assumes those risks.

2. Medical Treatment and Preexisting Medical Conditions: Participant hereby releases and forever discharges the University from any liabilities, claims, costs and damages that arise or may hereafter arise on account of any first aid, medical treatment, or service rendered to Participant in connection with the Activity. Participant will take for herself or himself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating any pre-existing health conditions, or insect, food or medication allergies.

3. NCAA Compliance: By signing below, Participant acknowledges that they have not knowingly participated in or become aware of any violation(s) of NCAA rules involving the University or individuals affiliated with or acting on behalf of the University. Participant's signature below also indicates Participant's agreement to immediately disclose to the Department of Athletics Compliance Office any NCAA rules violation(s) of which Participant becomes aware.

4. Other: This Release shall be binding and legally enforceable against Participant and Participant's heirs, executors, administrators, and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I HAVE CAREFULLY READ THIS RELEASE.

Signature (Parent or Guardian)

Date

