

# 2013 Stanford Soccer Academy

## Junior Elite Academy Camp Application For Residential Campers

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Grade as of Fall '13 \_\_\_\_\_ Returning Camper? Y or N

Parent/Guardian \_\_\_\_\_

Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

Club Team \_\_\_\_\_

Parents (Not Campers)

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

Junior Elite Academy (grades 4 -10\*)

June 22-25 (Session 1) Residential ☐

July 8-11 (Session 2) Residential ☐

#### Men's Academy

Junior Elite Academy (grades 4-10\*)

July 18-21 Residential ☐

Position (circle one) GK D M F (\*) as of Fall '13

Roommate Preference: \_\_\_\_\_  
(Only one roommate request allowed.)

Cost:  
(\*Must be postmarked by:)

#### Residential (Overnight)

\$705 by 3/31/13\*

\$725 until camp

Please check one:

☐ Full payment enclosed

☐ \$250 enclosed, send me  
payment plan option

☐ \$250 enclosed, balance  
will be paid by 6/1/13

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 1<sup>st</sup>, 2013**. Camp balances not paid in full by June 1, 2013 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, 2013. After that date, no cash reimbursements will be granted, a voucher for our 2014 summer camps for the amount paid less the \$150.00 non-refundable cancellation fee. New registrations received after June 1, 2013 must be paid in full at the time of registration. See the FAQ's at our website [www.stanfordsoccer.com](http://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](mailto: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: \_\_\_\_\_



## 2013 Camps and Clinics Assumption of Risk, Release of Claims and Hold Harmless Agreement

The parties to this Agreement are

\_\_\_\_ (Participant),  
\_\_\_\_ (Participant's parents  
or legal guardian, if Participant is under 18, all referred to  
hereafter jointly and severally as "Participant") and the  
Board of Trustees of the Leland Stanford Junior University  
its officers, trustees, faculty, agents, representatives,  
volunteers, students and employees (collectively referred to  
hereafter as "Stanford") for the \_\_\_\_\_  
\_\_\_\_\_ ("Event").

Participant is a voluntary participant in this Event.  
Participant understands and agrees that such activities may  
be dangerous, may involve travel (local, domestic and/or  
international) and that neither the Event nor Stanford can  
guarantee the safety of Participant. Participant is apprised  
that Stanford shall not be subject to claims or suit to be  
made by or on behalf of Participant or Participant's heirs,  
representatives or assigns as a consequence of  
Participant's participation in the Event.

**Assumption of Risk.** Participant expressly understands  
and agrees that the Event presents risks to Participant and  
her/his property. These risks can include, among others (by  
way of example and without limitation): dangers associated  
with swimming and drowning, manmade and natural jumps;  
dangers of collision with pedestrians, vehicles, and fixed or  
moving objects; the dangers arising from surface hazards,  
including pot holes or other ground or pavement  
depressions or height differentials, equipment failure,  
teammates' or co-participants' negligent or wrongful  
conduct, inadequate safety equipment or training, use of  
equipment or materials provided by the event organizer,  
host and others; unfamiliar or different terrain; climate, food  
and drink; laws; personal safety; sports practices, rules and  
regulations; communications; criminal and law enforcement  
activities; disability access; road, premises conditions  
and/or maintenance; disease risks; health care; injury to the  
head, neck or spine; injury to the muscular or skeletal  
systems; injury to internal organs; scratches, bruises,  
sprains, contusions, falls, fractures; physical  
violence; verbal abuse; sexual abuse by co-participants;  
loss or damage to sight, teeth; other body parts or hearing;  
paralysis; concussions; brain damage; long and/or short-  
term disability; loss of income and/or career and earning  
opportunities; minor or serious injury and/or death.

Participant is responsible for researching and evaluating the  
risks he/she may face and is responsible for his/her actions.  
Any activities that Participant may take part in, whether as a  
component of the Event or separate from it, will be  
considered to have been undertaken with Participant's

approval and understanding of any and all risks involved.  
This includes, but is not limited to, risks associated with the  
consumption of alcoholic beverages and/or drugs or other  
intoxicants (whether legal or illegal), property loss, injury to  
person or property, or death arising out of traffic accidents,  
assault, and theft or other activities.

***It is Participant's intention that this assumption of all  
risks shall be legally binding and a complete bar to  
Participant, Participant's heirs, personal  
representatives, relatives and assigns. This  
assumption of risk applies to all activities arising out  
of, associated with or resulting directly or indirectly  
from Participant's participation in the Event, including  
but not limited to those risks listed above.***

Participant further recognizes, understands and agrees that  
neither Stanford nor the Event assume responsibility for any  
liability as regards damage or injury that may be caused by  
Participant's negligence or willful acts committed prior to,  
during or after participation in the Event, or any liability,  
damage or injury caused by others, including other  
participants.

**Adherence to Standards.** Participant understands and  
agrees to abide by all Stanford policies, rules, and  
regulations and to all sports' rules and regulations.

**Release of Claims.** In consideration of being accepted into  
and/or participating in the Event, Participant agrees for  
Participant and on behalf of Participant's heirs, executors,  
administrators, employers, agents, representatives,  
insurers, and attorneys, to release and discharge Stanford  
of and from any and all claims which may arise from any  
cause whatsoever, including any negligent act or omission  
by Stanford or others. Participant further releases and  
discharges Stanford from liability for any accident, illness,  
injury, loss or damage to personal property, or any other  
consequences arising or resulting directly or indirectly from  
Participant's participation in the Event. The Participant  
acknowledges and agrees that Stanford assumes no  
responsibility for any liability, damage, or injury that may be  
caused by Participant's negligent or intentional acts or  
omissions committed prior to, during, or after participation in  
the Event, or for any liability, damage, or injury caused by  
the intentional or negligent acts or omissions of others,  
including other participants.

Participant intends that both the assumption of risk and the  
release of claims be complete defenses to any and all  
actions, claims or demands that Participant, Participant's  
heirs or legal representatives have or may have for injuries  
to person or property, including death, as a result of

activities for which the participant has assumed risks and/or released and/or waived claims.

**Indemnification and Hold Harmless.** Participant hereby agrees to indemnify, defend, and hold harmless Stanford from any injury, loss or liability whatsoever including reasonable attorneys' fees and/or any other associated costs, from any action, claim, or demand that Participant, Participant's heirs or legal representatives, has or may have for any and all personal injuries Participant may suffer or sustain, regardless of cause or fault as a result of, arising out of, associated with, or resulting directly or indirectly from Participant's voluntary participation in or decision to participate in the Event, travel to and from the Event and any and all related activities, on or off of Stanford's campus. ***This Indemnification and Hold Harmless Agreement is intended to be all encompassing.***

**Physical Condition and Insurance.** Participant attests that she/he is physically and mentally capable of participating and has no known health restrictions that might jeopardize her/his safety or health or the safety or health of others during their participation in the Event. Participant gives permission for Stanford or its representative to provide immediate and reasonable emergency care should it be required.

Participant agrees to be solely responsible for payment in full of all costs of medical care she/he may receive.

**Activities Outside the Event.** Should Participant choose to remain at the Event location or elsewhere either before or after participation in the Event then this Agreement shall remain in full force and effect.

**Event Modification and Cancellation.** Stanford reserves the right to cancel or modify the Event before or during its operation for any reason, including emergencies, low enrollment, or unavailability of facilities or personnel.

**Termination of Participation.** Participant shall not engage in inappropriate conduct. Participant understands that, in its sole discretion, Stanford or its representative may terminate at Stanford's sole discretion Participant's participation in the Event at any time, including during the Event. Reasons for termination may include, but are not limited to: inappropriate conduct or other behavior by Participant deemed detrimental to the best interests of the Event, or health or safety considerations. Such termination shall not diminish or otherwise alter Participant's obligation to make any payment required for the Event, nor shall Stanford be required to make any refund.

**Severability.** It is understood and agreed that, if any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this Agreement which can be given effect without the invalid provisions or applications. To this end, the provisions of this Agreement are declared severable.

**Governing Law and Venue.** This Agreement shall be construed in accordance with, and governed by, the laws of the State of California. The venue for any action arising out of this Agreement shall be the County of Santa Clara, State of California. The parties agree to submit to jurisdiction in Santa Clara County, California.

**Construction and Scope of Agreement.** The language of all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This Agreement is the only, sole, entire, and complete agreement of the parties relating in any way to the subject matter hereof. No statements, promises, or representations have been made by any party to any other, or relied upon, and no consideration has been offered or promised, other than as may be expressly provided herein. This Assumption of Risk, Release of Claims, Indemnification, and Hold Harmless and Agreement supersedes any earlier written or oral understandings or agreements between the parties.

**Participant acknowledges that he/she has read this Assumption of Risk, Release of Claims, Indemnification and Hold Harmless Agreement, understands its meaning and effect, and agrees to be bound by its terms.**

Date:

Participant Signature:

Participant's Name Printed:

Date:

Signature of Custodial Parent or Legal Guardian (if Participant under 18):

Custodial Parent or Legal Guardian Name Printed:

# 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?<br>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-Schlatter (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?<br>If so, please list:_____                                                    | YES | NO |
| 14. | Is participant allergic to insect stings or any food?<br>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 #:\_\_\_\_\_

# 2013 CREDIT CARD AUTHORIZATION FORM

For Key Deposit and Camp Bank Store

NAME OF CAMPER: \_\_\_\_\_ \*\*

\*\*Please note which camp your child is attending

## Girls Camps:

\_\_\_ 6/22-6/25 Junior Elite (Session 1)  
\_\_\_ 6/26-6/29 College ID & Development  
\_\_\_ 7/8-7/11 Junior Elite (Session 2)

## Boys Camps:

\_\_\_ 7/14-7/17 College ID & Development (Session 1)  
\_\_\_ 7/18-7/21 College ID & Development (Session 2)  
\_\_\_ 7/18-7/21 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 _____

**\$155.00 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](mailto:camps@stanfordsoccer.com) or call (408) 559-9990