



EAGLE EXTREME SOCCER CAMP

Registration and Waiver Form (one per family):

Player First/Last name: _____ Grade in school 2020/2021: _____

Additional player(s) first name(s) / grade: _____

Youth (5-12 yrs old) **Aug 3-6 (9:00am- 11:00am @ PCHS soccer fields)**

** Incoming 8th grade players who play at a high-level, are welcome to stay the first day of camp for the afternoon session and a coaching assessment to potentially move sessions to train with the older age-group.*

We want ALL players to be challenged to grow and will make sure they are with the appropriate group.

High School Camp (13-18 yrs old) **Aug 3-6 (1:00pm-3:00pm @ PCHS soccer fields)**

Registration before June 30th: \$100 per player or \$250 for 3 or more siblings per household.

Registrations received after June 30th: \$125 per player or \$325 for 3 or more siblings per household.

Parent/Guardian(s): _____

Parent/Guardian(s) contact info: E-mail: _____

Cell: _____

Mailing address: _____

* Street * Zip *

Player 1: Shirt Size (Youth) YM YL (Adult Sizes): S M L XL NAME:

Player 2: Shirt Size (Youth) YM YL (Adult Sizes): S M L XL NAME:

Player 3: Shirt Size (Youth) YM YL (Adult Sizes): S M L XL NAME:

Player 4: Shirt Size (Youth) YM YL (Adult Sizes): S M L XL NAME:

Player 5: Shirt Size (Youth) YM YL (Adult Sizes): S M L XL NAME:

Make checks payable to: **PCHS** (memo: *player last name / PCHS soccer camp*)

SEND CHECK & WAIVER BY JUNE 30TH FOR EARLY REGISTRATION DISCOUNT:

Pine Creek High School; 10750 Thunder Mountain Ave./ Colorado Springs / CO / 80908

CONSENT FOR MEDICAL TREATMENT

PLEASE CHECK EACH BOX TO VERIFY THAT YOU HAVE READ AND UNDERSTAND.

We/I hereby release Pine Creek camp volunteers and all its employees from all claims on account of any injuries which may be sustained by our/my son/daughter while attending the Pine Creek soccer camp; and we/I agree to indemnify the Pine Creek volunteers and its employees from any claim which may hereafter be presented by our/my minor son/daughter as a result of such injuries. In addition, we/I hereby give authority to the staff of the Pine Creek camp to admit our/my son/daughter for emergency care should an injury deem this necessary.

ACCEPTANCE OF RISK: I understand that participation in sports requires an acceptance of the risk of an injury. I understand that I/MY CHILD may be permanently injured while playing sports and accept the risk. I understand I/MY CHILD must follow all the rules of the sport. I understand that I/MY CHILD must refrain from practice or play while injured or ill, whether or not receiving medical treatment and during medical treatment until I/MY CHILD am discharged from treatment or given permission by a physician to return to participation despite continuing treatment.

CONSENT FOR TREATMENT: I understand that I/MY CHILD may be injured while participating in athletics with PCHS soccer camps. I authorize the coach, team parent, or athletic trainer to seek any emergency medical care that may become necessary while participating in PCHS camps. I assume the financial responsibility for any medical treatment for my child. I also authorize the athletic trainer to administer treatments related to injury prevention and rehabilitation.

CONCUSSION INFORMATION & ACKNOWLEDGEMENT: I understand that it is my responsibility to report all my child's injuries and illnesses to my coach and/or athletic trainer and have discussed the importance of doing so with my child. I agree with and am aware of the following information: A concussion is a brain injury, which I am responsible for reporting to my coach or athletic trainer. A concussion can affect my child's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. My child will not return to play in a game or practice if he or she has received a blow to the head or body that results in concussion-related symptoms. Following concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death. If my child suffers a concussion, I will take him or her to see an appropriate health care provider. I acknowledge that my child will only be allowed to participate in training or games once I have provided a note from my health care provider clearing my child to play.

MEDICAL INFORMATION & RELEASE (HIPPA): The Health Insurance Portability and Accountability Act has been in effect across the country for facilities that use health care providers as of April 14th 2003. There are three parts to this act. The first rule is the Transaction Rule, intended to standardize procedures, codes, and electronic billing format. The second rule is the Security Rule. This rule is designed to secure personally identifiable health care information being transmitted electronically. The third rule is the Privacy Rule. This rule creates national standards to protect individuals' personal health information and gives patients increased access to their medical records. HIPAA affects athletes via the various methods of documentation and communication that are used in the clinic/office as well as with coaches & physicians. The following acknowledgement will authorize the certified athletic trainer to communicate and view medical records pertaining to health related issues of the student-athlete. The following methods of communication and injury documentation will be used: Oral and written communication regarding health issues between the athletic trainer, coaching staff, and/or team representative and physicians. Oral and written communication regarding health issues between the athletic trainer and coaching staff. Oral and written communication regarding health issues between the athletic trainer and the athletes' parents and/or team representative. Written documentation regarding injury evaluations and treatments (i.e. sign-in sheets and injury reports). Injury feedback forms to be submitted to the team representative when the athlete has seen a physician, physical therapist, or chiropractor for an injury (soccer-related or not). I have read and understand the means of communication and documentation that will take place regarding my health history and any injury information that may develop because of my involvement in PCHS Sports Medicine Services. I authorize the release of medical information to the athletic trainer for the PCHS camps. I understand that I/MY CHILD may be injured while participating in athletics with the PCHS camps. I also authorize the athletic trainer to administer treatments related to injury prevention and rehabilitation.

Signature: _____ Date: _____

PRINTED PARENT/GARDIAN NAME: _____