



LEHMAN CATHOLIC GIRLS YOUTH SOCCER CAMP

**JULY 22 - 24, 2020 | 5 - 7:30 P.M.
AT LEHMAN CATHOLIC HIGH SCHOOL**

FOR | 4th - 8th grade girls

ABOUT THE CAMP | Head Coach Josh Duncan, his staff, current and former players, and guest clinicians will be present to focus on technical skills and the same principles of play that are the basis for the Lady Cavs way of soccer which has catapulted them to a division III girl's high school soccer power. Each camper will receive individual instruction as well as coaching in a small group setting. More importantly, every player will have a great time participating in small group activities designed for players to have fun while utilizing their soccer skills.

COST | \$75 per person, includes t-shirt

REGISTRATION | **The registration deadline is July 15.** Please complete and mail the form with check payable to Lehman Catholic High School (note **Lehman Catholic Girls Soccer** on the memo line) to Lehman Catholic High School, Attn: Coach Duncan, 2400 St. Mary's Avenue, Sidney, OH 45365

FOR MORE INFORMATION OR TO REGISTER | Please contact:
Coach Duncan at josh.duncan14@yahoo.com. or 501.744.5129.

Player's Name:

School: Grade: T-shirt Size:

Mailing Address:

Parent / Guardian Name:

Mobile: Home:

Email Address:

Parent / Guardian Signature:

Waiver: Participation at this camp/league is at your own risk. None of the coaches nor the school district shall be held liable for any injury or damages resulting from participation in the camp/league. We urge you to consult a physician before attending camp. By signing this you release the camp, its instructors, and school district from liability.

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 06-2020)

1. I, the parent or lawful guardian of (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify ("School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees, and all priests, bishops, clergy, and religious of the foregoing entities, from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury, death, illness or infectious disease, such as MRSA, influenza or COVID-19 (including any injury, death, illness or infectious disease caused by the negligence of the School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, and/or their respective officers, agents, representatives, volunteers or employees) incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

3. I agree to instruct my Child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness, infectious disease, or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. I agree do not agree that the Archbishop or his agents may use my Child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my Child regarding ministry related activities.

6. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

7. School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event of the Activity cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof, irrespective of whether formally declared as a "pandemic", "epidemic", or the like by any public health entity or governing body.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian Date

Signature of Witness Witness Name (please print)

Home Address City Zip

Place of Employment

Work Address City Zip

Parent or Guardian Phone No. (cell) (other Phone No.)

Emergency Contact Phone No. (cell) (other Phone No.)

MEDICAL INFORMATION

COMPLETED BY PARENT OR GUARDIAN -- PLEASE PRINT

Child's Name Birth Date
Allergies
Medications
Chronic Conditions (e.g. epilepsy, diabetes)
Medical Insurance Co. Policy No.
Member's Name Phone No. (h) Phone No. (w)
Member's Birth Date
Family Doctor Phone No.

(See Activity Information form below)

ACTIVITY INFORMATION

COMPLETED BY CHURCH AGENCY -- PLEASE PRINT

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

ON-GOING PROGRAM

Church Agency Program or Group
Starting Date Ending Date Registration Fee
Usual Location Usual day and time
Routine Activities
Group Leader Telephone No.
Other Information

..... Check here if any other information is attached. Note: any additional information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents or guardians.

ONE-TIME ACTIVITY

Church Agency: **Lehman Catholic High School** Activity: **Girl's Youth Soccer Camp**
Location: **Lehman Catholic High School** Emergency Phone Number: **937.498.1161** Cost: **\$75 per player**
Starting Date and Time: **July 22, 2020, 5 - 7:30 p.m.** Meeting Place: **Lehman Catholic High School**
Ending Date and Time: **July 24, 2020, 5 - 7:30 p.m.** Meeting Place: **Lehman Catholic High School**
Activities Involved: **Players will experience all aspects of the game.**
Type of Transportation (if any): **None**
Group Leader: **Coach Josh Duncan** Telephone Number: **501.744.5129**

..... Check here if any other information is attached. Note: any additional information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents or guardians.

Signature of Parent or Guardian **Date**