



July 31 - August 2, 2020

Edinboro University Campus

Registration Fee:

\$295 (early registration- before April 1)

\$325 (after April 1)

Please mail checks and 3 registration forms to

Arsenal FC
c/o Dan Brower,
111 Glendale St,
Wexford, PA 15090

Arrive: 1:00pm on Friday July 31st

Check-out: 11:00am – 12:00pm Sunday August 2nd

Packing List: Residential campers are required to bring the following items: several pairs of socks, change of shirts and shorts, indoor and outdoor soccer shoes, shin guards, pillow, pillowcase, bedding (blankets and sheets) or sleeping bag, towels, wash cloths and soap. Don't forget a bathing suit for the Olympic-size swimming pool. Campers may also want to bring their own water bottle, sunscreen, flats and money for recreation.

Meals: The participants will receive dinner on Friday, 3 meals on Saturday and breakfast on Sunday at an Edinboro Univ. Dining Hall.

** All participants will be required to sign 2 Erie Premier Sports waivers plus the Arsenal FC Registration form **(3 forms in total)**.



Arsenal FC Registration Form

Camper's Name _____

Parent's Name(s) _____

Address _____

Home Phone _____

Cell Phone (In case of emergency) _____

Player's Date of Birth _____

Email (Required) _____

Roommate Request _____

Circle Age Group (**Fall '20 season**)

Boy Girl U11 U12 U13 U14 U15 U16 U17 U18

Insurance Co. Name _____

Policy No. _____

Medical Concerns _____

Please enroll my son / daughter in the 2020 "Arsenal FC" Residential Camp.
Permission is granted for my child to receive emergency medical treatment if needed.
It is understood that neither 2020 "Arsenal FC" Residential Camp, the camp director, nor anyone connected with the camp will assume any liabilities for injuries, medical, dental, or any other expenses incurred as a result of accident and responsibility for loss of personal property.

Parent's Signature _____

Please fill out all **3** registration forms and Mail to:
Arsenal FC c/o Dan Brower • 111 Glendale Street • Wexford, PA 15090



Individual Player Registration Form



First Name: _____

Last Name: _____

Date of Birth: _____ male female

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Email: _____

(For Team Camp Only)

Team Name: _____

Team Coach: _____

Camp Name: _____

Camp Dates: _____

Waiver of Liability, Indemnity Agreement and Assumption of Risk

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, and services of Erie Premier Sports I, on behalf of myself, my heirs, personal relatives, or assigns, do hereby release, waive, discharge and covenant not to sue Erie Premier Sports, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from both ordinary and gross negligence of Erie Premier Sports or any of the forementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in Erie Premier Sports activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY ERIE PREMIER SPORTS from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at Erie Premier Sports. I further agree to pay all costs and attorney's fees incurred by Erie Premier Sports in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Erie Premier Sports is not responsible for injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted, by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Erie County, Pennsylvania.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its term. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

Player Signature

Date

Parent/Guardian/Spouse Signature

Date

Assumption of Risks

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Erie Premier Sports has facilities for and provides for activities such as weight lifting, walking, jogging, and running, aerobic activities, racquetball, basketball and soccer. Some of these involve sustained physical activity, which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises or sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at Erie Premier Sports. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by Erie Premier Sports. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding: I have read this assumption or risk and fully understand its terms. I acknowledge that I am signing to complete assumption of the inherent risks of participating in or observing recreational activities at Erie Premier Sports to the greatest extent allowed by law in the State of Pennsylvania.

Athlete Code of Conduct

I hereby agree to abide by the rules of conduct as set forth by the Erie Premier Sports, LLC camp and its staff. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind. I further agree to abide by curfew regulations as established by the staff and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result in my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

Player Signature: _____

Date: _____

Player Signature

Date

Parent/Guardian/Spouse Signature

Date



Medical Treatment Authorization Form



(To be completed by parent or legal guardian)

Camper Name: _____ Team Name: _____
 Address: _____ Date of Birth: _____
 City/State/Zip: _____ Circle One: Male Female
 Social Security Number: _____

Parent or Guardian

Name: _____ Cell Phone: _____
 Home Phone: _____ Relationship to Camper: _____

Insurance Information

Insurance Company Name: _____ Agreement Number: _____
 Address: _____ Policy Holder Name: _____
 Policy Number: _____ Relationship to Camper: _____

Emergency Phone Numbers

Relative/Neighbor: _____ Home Phone: _____ Cell Phone: _____
 Relative/Neighbor: _____ Home Phone: _____ Cell Phone: _____

Medical History Of Camper

- | | | | | | |
|---|-----|----|---|-----|----|
| 1. Any current medical conditions? | Yes | No | 6. Had any major surgical operations? | Yes | No |
| 2. Had any recent injury requiring medical attention? | Yes | No | 7. Any allergies or adverse drug reactions? | Yes | No |
| 3. Currently taking any medication (or have taken med recently)? | Yes | No | 8. Any restrictions on activities? | Yes | No |
| 4. Had any severe head or neck injuries? | Yes | No | | | |
| 5. Had any chronic illness (epilepsy, diabetes, heart disease, etc.)? | Yes | No | | | |
- Must be cleared by a Physician to participate.

Please Explain any yes answers: _____

Date of last Tetanus Immunization: _____ Name of Family Physician: _____

I acknowledge that this child is in good health and can participate in all activities without restriction (unless indicated above)

Signature of Parent of Legal Guardian

Date

Parent or Guardian

In the event of any illness or injury to my child, I give the attending physician permission to administer treatment while continuing to contact the parent guardian or designated individual

Signature of Parent of Legal Guardian

Date