

# WILLIAMS SOCCER PROSPECT CLINIC 2009

(For rising seniors)

WHEN: 4 ONE DAY SESSIONS  
June 28<sup>th</sup>, July 12<sup>th</sup>, July 25<sup>th</sup>, August 2<sup>nd</sup>

PURPOSE: An intense one day experience which will expose participants to a typical preseason training day at Williams. Numbers will be limited.

SCHEDULE: 9:00 am– Registration at Cole Field  
9:30 am – Session 1  
Noon – Light lunch  
12:40 pm – Session 2  
3:00 pm – Closing

COST: \$110.00 Includes day of instruction, light lunch, and a t-shirt.

EQUIPMENT: Please bring two sets of soccer clothing, molded soccer shoes, indoor shoes, shin guards, towel, rain jacket.

DIRECTIONS: Go to the [www.williams.edu](http://www.williams.edu) (admissions. visiting)

LODGINGS: Participants are encouraged to take an admission office campus tour on Monday morning.

**Howard Johnson 413-458-8158**  
**Northside Motel 413-458-8107**  
**Holiday inn 413-663-6500**  
**The Williams Inn 413-458-9371**  
**The Willows Motel 413-458-5768**  
**1896 Motel 413-458-8125**

# Registration form

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**Williams Soccer Prospect Clinic**

4 One day sessions: Rising Seniors

Please check one:

Sunday June 28<sup>th</sup> \_\_\_\_\_ Sunday July 12<sup>th</sup> \_\_\_\_\_ Saturday July 25<sup>th</sup> \_\_\_\_\_

Sunday, August 2<sup>nd</sup> \_\_\_\_\_

Name: (Print) \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_ zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

(Insurance Carrier) \_\_\_\_\_

High School \_\_\_\_\_ Coach \_\_\_\_\_ Phone \_\_\_\_\_

Club \_\_\_\_\_ Coach \_\_\_\_\_ Phone \_\_\_\_\_

Position (circle) GK B MF FOR

T-SHIRT SIZE (Circle) Adult M L XL

To enroll, please return the above form and waiver form below with a non-refundable check for \$110.00 made payable to: The Soccer Academy at Williams. Mail to: Mike Russo, Williams Soccer, 22 Spring Street, Williamstown, Ma. 01267

Williams College  
Williamstown, Massachusetts  
Release, Waiver, and Covenant not to sue

RE: \_\_\_\_\_  
(Participant's Name)

\_\_\_\_\_  
(Participant's Street Address)

\_\_\_\_\_  
(City, State, Country, ZIP or Postal Code)

\_\_\_\_\_  
(Participant's Date of Birth)

\_\_\_\_\_  
(Telephone Number)

I, \_\_\_\_\_, of  
(Name of Parent or Legal Guardian)

\_\_\_\_\_,  
(City and State of Residence of Parent or Legal Guardian)

as parent/legal guardian of the above-named "Participant," who is under 18 years of age, do hereby give my consent for his/her participation in the one day soccer clinic to be held on the Williams College campus. Conducted by the Soccer Academy at Williams on \_\_\_\_\_ (Date of Program) (Hereinafter referred to as "camp/program").

I acknowledge that Participant's participation in the camp/program is completely voluntary. In consideration for the Participants being allowed to participate in said camp/program, I, on behalf of myself and the Participant, **hereby release, waive, covenant not to sue, and do hereby indemnify and agree to hold harmless** The President and Trustees of Williams College, its officers, trustees, employees, agents and related parties (hereinafter "Williams"), from and for any and all liability for any loss, injury or damage, including, with out limitation, any and all such liability arising from the negligence of Williams, but with the exception of those caused by gross negligence or reckless, willful, or wanton misconduct on the part of Williams, which may be sustained by me or the Participant during, as a result of, or directly or indirectly related to the Participant's participation in the camp/program or the Participant's entry or presence upon and use of Williams buildings, facilities, premises, or camp.

I am 18 years of age or older. I have read and understand this Release, Waiver and Covenant Not to Sue. I agree that this agreement shall be effective and binding upon me, the Participant, or respective heirs assigns, personal representatives, and estates and all members of our family both before and after the Participants reaches majority.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_