

2018 Oakland Soccer Camp Application

BOYS CAMP ONLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email (Required): _____

All confirmations will be sent via email only

Age: _____ Grade: _____ Birthdate: _____
(At time of camp) (Fall 2018)

Half-Day Camps – Boys (K-8th)
Dates: June 25-June 29, 2018 \$200.00
 July 16-20, 2018

Full-Day Camps – Boys (K-8th)
Dates: June 25-June 29, 2018 \$300.00
 July 16-20, 2018

Senior Resident Elite Recruiting Camp for Field Players and Goalkeepers – Boys (9th Grade – College Freshmen)

Roommate Request: _____

Dates: July 20-22, 2018

Cost: Resident \$350.00

Commuter \$300.00

Choose: Field Player Goalkeeper

Choose: Small Medium Large Extra Large

ALL REGISTRATIONS MUST BE PAID IN FULL, NO PARTIAL PAYMENTS ACCEPTED TM

I wish to enroll in the 2017 Oakland Soccer Camps, Oakland University, Rochester, Michigan. Neither Oakland Soccer Camps, the directors, Oakland University, nor anyone else connected with the camp assumes any responsibility for accidents (medical or dental) or any other injuries incurred as a result of attendance at this camp. The parent/guardian authorized the directors and staff of the soccer camp to act in their best judgment in any emergency requiring medical attention. The parent/guardian will furnish medical insurance for their child.

Parent/Guardian Signature: _____

Make check payable to: **Oakland Soccer Camps LLC**

Send application and check or money order to:

Oakland Soccer Camps L.L.C

PO Box 80884,

Rochester, MI 48308-0884



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Name : _____ Date of Birth: _____ Camp: _____

Camp Date(s) and Time(s) _____

In consideration for the privilege to attend the Oakland University soccer camp and use the Oakland University facilities, my signature below indicates that I assume the risk of any injuries that myself or my children may sustain while participating in any activity at Oakland University and for any injuries which myself or my children may sustain while on the premises of Oakland University. I represent that I am and my child is physically and mentally able to participate soccer and other physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this camp.

In consideration for being allowed to participate in the Oakland University soccer camp (the “Activity”), on behalf of myself and my my child, I release, waive and discharge from all liability and promise not to sue Oakland Soccer Camps LLC, Oakland University and its employees, members, officers, agents, representatives, successors and/or assignees (collectively, the “Releasees”), from any and all claims, , illness, damages, expenses, including attorneys fees, injuries or economic or emotional loss (collectively, “Losses”)I may suffer because of my participation in this Activity, including travel to, from and during the Activity, REGARDLESS OF WHETHER SUCH LOSSES ARE CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise and regardless of whether such liability arises in tort, contract, strict liability or otherwise to the fullest extent allowed by law.

I am voluntarily participating in this Activity. I am aware of the risks associated with participating in this Activity, which include but are not limited to concussions, cuts, scrapes, bruises, broken bones, pain, temporary or permanent disability (including paralysis), and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity.

I agree to indemnify and hold Oakland Soccer Camps LLC [Note—I assume Oakland Soccer Camps is the name of the entity running the camp], and Oakland University, its employees and members harmless from any and all Losses that may occur as a result of my participation in this Activity.

In the event of bodily injury, I hereby give permission for authorized personnel to administer first aid and or contact emergency services necessary. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I also understand that campers are required to report all injuries to the camp athletic trainer. Any injury unreported during the camp, must be reported to the camp director within 24 hours after the camp’s conclusion.

It is my express intent that this RELEASE shall bind the members of my family and spouse.



IF 18 AND OVER:

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing Oakland University and Oakland Soccer Camps and its employees and members from all liability, (b) promising not to sue Oakland University Oakland Soccer Camps and its employees and members, (c) and assuming all risks of participating in the Activity, including travel to, from and during the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of Michigan. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____ Participant Name

(print): _____ Date: _____ IF UNDER 18:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing Universty and Oakland Soccer Camps and its employees and members from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in the soccer camp (the "Activity"), including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Minor Participant's Name (print): _____ Signature of Minor Participant's

Parent/Guardian: _____ Name of Minor Participant's Parent/Guardian

(print): _____ Date: _____



MEDICAL HISTORY

Family Physician: _____ City: _____ Date of most recent medical exam: _____

Insurance Provider: _____ Policy Number: _____

Does the camper: **Yes No Please explain**

| | | | |
|---|--|--|--|
| Have a bone, joint, or muscle injury which required surgery within the past 6 months and has not been cleared for sports? | | | |
| Have any other medical condition which prevents participation in sports? | | | |
| Have any of the following: | | | |
| <input type="checkbox"/> allergies | | | |
| <input type="checkbox"/> asthma | | | |
| <input type="checkbox"/> diabetes | | | |
| <input type="checkbox"/> sickle cell trait positive | | | |
| <input type="checkbox"/> other medical condition | | | |
| Have a history of concussion? | | | |
| Take medication daily which will be needed during camp? | | | |
| Wear glasses or contact lenses during participation? | | | |
| Have any other medical condition which was not specified? | | | |

Emergency Contact Information: Primary contact Name: _____ Relationship: _____

Phone: _____ (please circle) home work cell

Secondary contact Name: _____ Relationship: _____

Phone: _____ (please circle) home work cell

Athletic trainer review _____ YES NO: _____

AT (signature) Approved Date



PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS



In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

CAMPER NAME PRINTED _____ CAMPER SIGNATURE _____ DATE _____

PARENT/ GUARDIAN NAME PRINTED _____ PARENT/ GUARDIAN SIGNATURE _____

DATE _____

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