

CONSENT FOR MEDICAL CARE

I, _____, authorize all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for _____, if I cannot be reached in case of an emergency.
Date _____ Signature _____

AMATEUR ATHLETIC MINOR WAIVER

In consideration of being allowed to participate in any way in Chief Sealth Soccer Camp's athletic/sports program, and related events and activities, the undersigned:

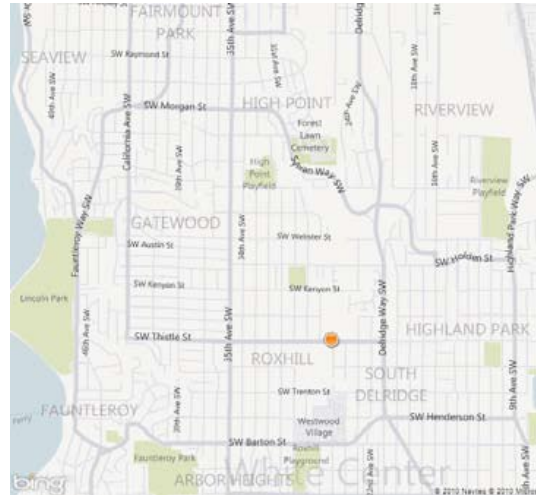
1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the Seattle Public School District, ASB, or any of the staff operating and organizing Chief Sealth Soccer Camp, all of which are hereafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE,
UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS
BY SIGNING IT AND SIGN IT VOLUNTARILY

Parent or Guardian (Signature/Relationship)

Printed Name of Parent or Guardian

Printed Name of Participant



Directions to SWAC:

2801 SW Thistle St, Seattle, WA 98126-3750

From 35th Ave SW: take a turn East onto SW Thistle St. And the Athletic Complex should be on the right.

From Delridge Way SW: take a turn West onto SW Thistle St. And the Athletic Complex should be on the left.

Introduction:

My name is **Mori Tsuchiya** and I'm currently a senior at Sealth, I play for a club team and this will also be my fourth year playing for the Sealth team. In order to graduate I have to do a senior project and I wanted to do something special for the soccer program before I left. My hope is for the camp is to continue over the summer and grow each year after.

Chief Sealth January 2013 Soccer Camp

Coached By Sealth Varsity Soccer
Players



At Chief Sealth/ SWAC

2013 Sessions

January 2nd-4th

Time: 9 a.m. - 12 p.m.

Boys & Girls



Camp Details



The soccer camp is a new program starting this year. It is aimed at current middle school students and high school freshman. The hope of this camp is to prepare younger students for the level of play that high school soccer requires. It will cover basics, fitness, and what it's like being a high school athlete. The camp will be directed and coached by current **Chief Sealth Varsity Soccer players, and supervised by a member of the coaching staff.** These player coaches will be able to demonstrate the drills and actively coach and play alongside the kids. The program and camp's hope is

for students to be encouraged to stay focused academically and stay involved with programs that schools and the community have to offer. It helps create a stronger community to offer support for young students. And with the growing soccer program here at Sealth it is important to stay focused on everyone, and that everyone is recognized and supported.

When:

January 2nd - 4th

Time:

9 a.m. - 12 p.m.

Where:

SWAC

Who:

Boys & Girls Grades 4-8

Cost:

\$10 For all three days. Checks made out to Chief Sealth.

Camp Daily Schedule

1. Warm-up
2. Basics
3. Drills
4. Scrimmage

Insurance: All Campers must provide their own medical insurance coverage.

Accommodations: Must bring own snacks (if wanted). Bring your own ball with your name on it.

Registration

Mail application: School address.

Addressed to Sam Reed, Athletic Director. 2600 SW Thistle St. Seattle, WA 98126

Questions:

sjreed@seattleschools.org
mori.tsuchiya@comcast.net

Camper Information:

Name:

Address:

City: State: Zip:

Home Phone:

E-mail:

Emergency Contact:

Emergency Contact Phone:

Grade in Spring of 2013:

Medical Conditions/Allergies that the
camper has?