

Pick Up Authorization Form

Mandated by Massachusetts State Law 105 CMR 430.159 (B), please provide a list of the individuals who will be authorized to pick up the named player. No player will be released to an individual who is not listed. In case a change is needed, a phone call must be made to 617-552-0982 by 1pm on that day.

Players name _____
Parent/Guardian signature _____
Date _____

The following people are authorized to pick up my child from the Soccer Clinic (please print):

1. _____
- 2.. _____
3. _____
4. _____

Health Care Policy Guidelines

Mandated by Massachusetts State Law 105 CMR 430.159 (B), the following appropriate care will be administered to participants by the medical staff:

Mildly ill players will be evaluated by the medical staff in the Sports Medicine Training room at Boston College. Treatment will be administered per standing order and the Health Care Consultant will be notified if necessary. If condition persists or worsens, appropriate care will be administered and the parent/guardian will be notified. Prescription medications will be administered only after parents complete and sign the "authorization to administer prescription medications" form. Athletic trainers will be responsible for storing and daily administration of appropriate dosages.

Emergency care: An athletic trainer will be on site for all activities. The will evaluate need for activation E.M.S. system. For emergency injuries, Boston College Campus Police will be contacted for ambulance transport and parent will be notified.

I have read the Health Care Policy Guidelines stated above:
Parent/Guardian Name _____
Parent/Guardian Signature _____

Lady Eagles Soccer Clinics
140 Commonwealth Ave
Conte Forum 412
Chestnut Hill MA 02467



DIRECTOR ALISON FOLEY

Coach Foley is in her 20th season as Head Coach of the Boston College Women's Soccer Program and is the Director of the Lady Eagles Soccer School. She has over 200 career victories at BC. Foley currently holds both an NSCAA Advanced National License and a USSF class 'A' Coaching License.



ASSISTANT DIRECTOR MARK MCDEVITT

Coach McDevitt is in his 5th season with the Boston College Women's Soccer Program. McDevitt currently holds a USSF class 'B' Coaching License.



ASSISTANT DIRECTOR JAMES THORPE

Coach Thorpe is in his first season with the Boston College Women's Soccer program. Thorpe was a goalkeeper at Franklin Pierce and was named the 2007 NCAA Division II National Player of the Year. He led Franklin Pierce to the national title his senior season.



ASSISTANT DIRECTOR Shaun McBrien

Shaun is the Director of Coaching for NGS and is an accomplished coach, holding a number of high level licenses. Shaun graduated from the University of Ulster in his native Ireland with a BSc Sports Coaching and Development Degree after having played soccer at various levels including college.

BOSTON COLLEGE SOCCER™

Lady Eagles Soccer Clinic

Winter Holiday Clinic Dec 2016

www.bcwomensoccer.com



Dates:

Mon Dec 26-Thurs Dec 29

Ages:

*6-14 years**

Cost: 3 day option: \$225
4 day option: \$295

Times:

9am-3pm (extended day also available)

Location:

Alumni Stadium Bubble

617-552-0982
soccer.clinic@bc.edu

**REGISTER & PAY
ONLINE TODAY!**
www.bcwomensoccer.com

Clinic Information

8:45 am	Check-in
9:00 am	Warm up (fast footwork/ dribbling/crossovers)
9:30 am	Technical/Skill session
10:30 am	Snack and Quiz Break
11:00 am	Small sided games
11:45 am	Lunch
12:45 pm	Topical scrimmage
1:45 pm	Quiz break (optional)
2:00 pm	Small sided games
2:45 pm	Coaches Challenge
3:00 pm	Campers Dismissed

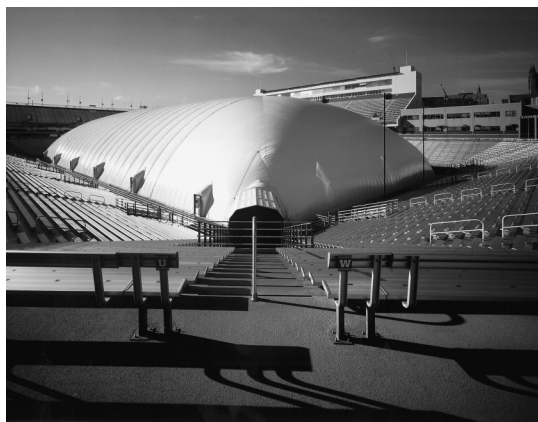


DIRECTIONS TO ALUMNI STADIUM CHESTNUT HILL CAMPUS GPS ADDRESS; 140 Commonwealth Ave, Chestnut Hill MA

From Points North and South: Take I-95 (Route 128) to Exit 24 (Route 30). Proceed east on Route 30, also known as Commonwealth Ave, and follow for approximately 5 miles to Boston College.

From Points West: Take Mass Turnpike (I-90) to Exit 17. At the first set of lights off the exit ramp, take a right onto Centre St. Follow Centre St to the 4th set of lights, and turn left onto Commonwealth Ave. Follow Commonwealth 1.5 miles to Boston College.

From Downtown Boston: Take the Mass Turnpike to exit 17. Take a left over the bridge after passing the Sheraton Tara Hotel. Take the first right onto Centre St. Follow Centre St to the 4th set of lights, and turn left onto Commonwealth Ave. Follow Commonwealth 1.5 miles to Boston College.



Medical Waiver & Pick Up Form

The named participant _____ has my permission to participate in the Lady Eagles Soccer Clinics program. In case of emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending certified athletic trainer to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below.

Accident insurance for the 2016 -2017 BC Lady Eagles Soccer Clinics is provided by Boston College on an excess basis. All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility for the parent or guardian's medical coverage. I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to her participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless, and agree to indemnify Trustees of Boston College and each of their respective members, partners, officers, directors, faculty, staff, representatives affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name of Participant (print) _____

Date _____

Signature of Parent/Guardian _____

Emergency Contact _____

Emergency Phone _____

Insurance Company _____

Policy # _____

See Reverse side for Pick up authorization form***

**REGISTER & PAY ONLINE
TODAY!**

www.bcwomenssoccer.com

* participation is restricted by
facility capacity