



Coerver Crush Camp at St. Olaf College

Parent or Guardian Consent Form

By signing this form, I hereby state that I release all members of the Educational Sports Programs/Coerver Coaching Minnesota Staff and any other party involved in the organization and administration of Educational Sports Programs, the Individual Trainers, the Sponsors (Adidas), Sports Method USA, Wiel Coerver, and the College of St. Olaf, from any liability resulting from any injury on, or around the clinic sites, or in the transportation to and from the sites. I hereby declare that the enrolled participant above is in good health and will be able to fully participate in intensive soccer skills training, which may include running jumping, falling, diving, heading and small-sided scrimmages. By signing this form I accept full responsibility, and assume all costs, that may occur in the event of an injury or death.

By signing, you also agree to and understand the refund and cancellation policies. Refunds will not be granted within 30 days of the Camp Start Date. Any deposits or payments will be forfeited for camp withdrawals after May 20th 2010.

Player (print) _____

Signed: _____(parent/guardian)

Date: _____

Please Print this form, complete in full and return with application to:

Coerver Coaching Minnesota

5126 Roberts Place, Edina MN 55436