



## Jacob's Soccer Camp 2017 Registration Packet

Welcome to Jacob's Soccer Camp! Jacob's Soccer Camp (JSC) is a community-based soccer training program for young athletes with disabilities, run by volunteers. The program is designed to bring the opportunity to learn and play soccer to boys and girls with mental or physical disabilities.

JSC was formed in 2013 by Jacob Cohen, then 13 years old, with the simple goal of having fun and introducing kids with disabilities to soccer. While the main objective of the camp is to have fun, JSC is also serious about teaching the campers about the sport of soccer, and advancing their knowledge, skill and love of the game.

This Registration Packet will provide you with information about the program, how to register your child or children, certain rules and requirements for parents and campers, and some legal disclaimers for you to be aware of. Please read this Registration Packet carefully and complete all forms attached, including consents and waivers, and including the **Acknowledgment Form** attached hereto as Schedule A, to acknowledge that you have read and understand this Registration Packet. We recommend that you keep this information handy throughout the program, and, of course, we are happy to answer any questions that you may have about JSC at any time.

### I. JSC Schedule and Fees

#### Schedule

The location, dates, days and times of the program are as follows:

	<b>Bethesda, MD</b>	<b>Philadelphia, PA</b>
<b>Location</b>	Robert Montgomery High School 250 Richard Montgomery Drive Rockville, MD 20852	Ukrainian Nationals Club 1 Lower State Road North Wales, PA 19454
<b>Dates</b>	June 26 - 30, 2017	July 17 - 21, 2017
<b>Days and Times</b>	Monday – Friday 9:30 – 11:30 AM	Monday – Friday 3:30 – 5:30 PM

#### Fee

There is no fee to enroll or participate in JSC.

### II. General Rules and Requirements for Parents and Campers

Campers ages 8 – 21 are invited to participate in the program.

Each program is organized and run by volunteer coaches and assistant coaches. JSC strives to give campers one-on-one training and guidance, with one volunteer for each camper whenever possible. We place campers in groups according to ability levels in order to optimize the experience for each camper. They are not grouped according to age.

For safety reasons and for the comfort of our campers and parents, JSC requires that a parent is present at all times during the program. Drop-off/pick-up is not permitted.

### III. Camper Health and Medical Information

JSC collects health and medical information about its campers for the purposes of being well informed and prepared to work with each camper in a safe and competent manner. Parents are encouraged to share their child's relevant health and medical information with JSC using the **Health Form** attached hereto as Schedule B. By way of example only, it is helpful for JSC volunteers to be aware of any mobility impairments and/or learning disabilities that may impact a camper's abilities. However, JSC's collection of health and medical information is not, and shall not be deemed, for the purpose of enabling or obligating JSC to administer any health or medical assistance, including in the case of an emergency.

JSC, its volunteers and agents are not medical, healthcare or mental health professionals. JSC is not responsible for administering any medical treatments or taking any action in response to a medical issue that arises during the program. If a camper experiences a health problem during the program, the parent, and not JSC, is solely liable for administering care and making all decisions related to the camper's care. Notwithstanding the foregoing, JSC volunteers, acting solely in their capacity as Samaritans, shall take reasonable steps to respond to any emergent issues that arise during the program, including alerting the present parent as soon as possible. JSC may, but shall not be obligated to, rely on the information provided in the **Health Form** in taking such action.

Each parent hereby releases JSC, its volunteers and agents in connection with any injuries sustained by a camper during the program, pursuant to the **Parental Release** attached hereto as Schedule C. JSC requires that all campers have adequate health insurance coverage as a condition to participation in the program.

Each parent acknowledges and agrees that JSC is not a "covered entity" under the Health Information Portability and Accountability Act (HIPAA), and will not be liable for the disclosure or transmission of any information about a camper's health. JSC strives to keep confidential any information shared about the health of our campers, and JSC will only use the information disclosed on the **Health Form** for reasons related directly to ensuring that each camper's individual needs are met. Notwithstanding the foregoing, JSC shall not be responsible for the disclosure of any health and medical information to third parties.

### IV. Promotional Activities

From time to time during the program, JSC may record photos and videos of the program, which may include photos and videos of campers ("**Recordings**"). JSC requests that parents give permission for JSC to use any such Recordings in JSC's marketing materials, such as camp brochures, displays, slide shows, on our website and in other marketing and promotional materials. To grant us permission to use your child's name, image, voice, and likeness in such materials, please review and sign the **Image Release** attached hereto as Schedule D. ***If you do not wish to give JSC permission, you are not obligated to sign the Image Release.***

### V. Volunteer Screening

JSC screens its volunteers for the protection and safety of its campers. The extent of such screenings, which may include criminal background checks, is subject to JSC's sole discretion. Although JSC takes reasonable screening and other protective measures with respect to its volunteers, parents are expected to observe their children and stay alert at all times during the program.

**VI. How to Register**

Once you have reviewed the information in this Registration Packet, you may register your child or children for the program using the **Registration Form** attached hereto as Schedule E. Please send the completed **Registration Form** (Schedule E), along with your fully executed **Acknowledgment Form** (Schedule A), **Health Form** (Schedule B), **Parental Release** (Schedule C), and **Image Release** (Schedule D) to the following address:

Jacob's Soccer Camp, Inc.

\_\_\_\_\_  
\_\_\_\_\_

JSC will contact you to confirm enrollment. Each player will receive a JSC t-shirt on his or her first day of camp. We look forward to seeing you on the field!



**Schedule A**  
**Acknowledgment Form**



**ACKNOWLEDGMENT OF RECEIPT OF REGISTRATION PACKET**

I, \_\_\_\_\_, as the parent or legal guardian of a camper(s) or prospective camper(s) in the Jacob's Soccer Camp (JSC) program, hereby acknowledge receipt of the JSC Registration Packet. The Registration Packet provides important information about the JSC program, its practices and policies. I have read the Registration Packet thoroughly and understand its contents, including the parental requirement to remain present, on location, at all times while my child or children are in the program, and including the policies relating to camper health and medical information and volunteer screening.

I understand and agree that this Registration Packet is provided for informational purposes and, except for Schedule C and Schedule D, do not create a contract between me and Jacob's Soccer Camp, Inc. Jacob's Soccer Camp, Inc. reserves the right, in its sole discretion, to prospectively change, modify, rescind or add to any policy or practice in this Registration Packet.

I acknowledge that this Registration Packet supersedes all prior versions, registration forms, disclaimers, waivers and consents in relation to JSC.

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date)

*\*\*A signed original Acknowledgment Form must be provided to JSC.  
Please keep a copy for your records.\*\**

**Schedule B**  
**Health Form**



Camper Name: \_\_\_\_\_

Parent/Legal Guardian to be contacted in case of emergency (*name and relationship to camper*):  
\_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Allergies (*please list all food, medication and other allergies*): \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions (*check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                                 | <input type="checkbox"/> Seizure disorder                 |
| <input type="checkbox"/> Visual impairment                      | <input type="checkbox"/> Diabetes                         |
| <input type="checkbox"/> Hearing impairment                     | <input type="checkbox"/> Down Syndrome                    |
| <input type="checkbox"/> Heart Condition                        | <input type="checkbox"/> Autism                           |
| <input type="checkbox"/> ADD, ADHD or other behavioral disorder | <input type="checkbox"/> Intellectual/learning disability |
|   | <input type="checkbox"/> Other _____                      |

Please provide a brief explanation of any of the above conditions or any additional special needs of your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications (*please list all medications your child is currently on*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Aids Used (*please list any aids or tools your child uses or carries, such as a wheelchair, braces, hearing aid, corrective lenses, epi-pen, or inhaler*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule C**  
**Parental Release**



I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ ("Camper"), on whose behalf I have submitted the Registration Form in application for participation in the Jacob's Soccer Camp (JSC) program. By signing this Parental Release, I hereby give permission for Camper to participate fully in the JSC program. I represent and warrant that Camper is, to the best of my knowledge, physically and mentally fit to participate in the JSC program.

I acknowledge that I am obligated to be present with Camper at all times during the JSC program. I understand and assume the risks associated with Camper's participation in the JSC program, including risk of personal injury, illness, death and/or damage to personal property. I acknowledge and agree that the organizers and volunteers of JSC are not physicians, mental health professionals, or in any way medically trained individuals. I further acknowledge and agree that (i) in the event of a health or medical issue, JSC organizers and/or volunteers may take reasonable measures to mitigate harm to Camper and others, and (ii) in the event of an emergency, I hereby authorize Jacob's Soccer Camp, Inc. to act on my behalf in seeking emergency medical treatment for Camper in the event that such treatment is deemed necessary or advisable for Camper's health, safety and welfare; *provided*, however, that in any event JSC is in no way responsible for administering medical treatment.

In consideration for Camper's participation in the JSC program, I hereby release, waive, forever discharge, and agree to hold harmless, to the full extent permitted by law, Jacob's Soccer Camp, Inc., The Ukrainian Nationals, Bethesda Soccer Club, and their respective shareholders, officers, directors, employees, volunteers, representatives and agents, from any and all liability, claims or demands for personal injury, illness or death, as well as damage to personal property, and expenses in connection therewith, of any nature whatsoever, which may be incurred by Camper or by me in connection with the JSC program.

This waiver and release expressly excludes claims that cannot lawfully be released or waived by private agreement.

I have read and fully understand the provisions of this Parental Release. Through my signature below, I agree to the foregoing provisions on my own behalf and that of Camper.

**Signature of Parent/Legal Guardian:**

\_\_\_\_\_

**Date** \_\_\_\_\_

*\*\*A signed original Parental Release must be provided to JSC. Please keep a copy for your records.\*\**

**Schedule D**  
**Image Release**



I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_  
("Camper"), a camper or prospective camper in the Jacob's Soccer Camp program. I represent and warrant that I have the legal right to act on Camper's behalf in connection with this Image Release.

In connection with Camper's participation in the JSC Program, I understand that Jacob's Soccer Camp, Inc. ("JSC") wishes to obtain the right to record and use Camper's name, picture, photograph, likeness, voice, and/or other personal identification provided by me or by Camper to JSC (collectively, the "Material") on videotape, film, or any other audio and/or visual medium for use in connection with JSC's marketing and promotional activities. Since I am willing to allow JSC to use the Material in connection with its marketing and promotional activities, I hereby agree as follows:

(1) I hereby unconditionally and irrevocably grant JSC, its successors and assigns, and those acting with its authority, the unrestricted, absolute, perpetual, worldwide right to record, reproduce, copy, edit, add to, subtract from, modify, use, reuse, display, perform, exhibit, distribute, transmit, exploit, and/or broadcast the Material, without limitation, in and in connection with the JSC's marketing and promotional activities in any manner, in whole or in part, in any media now known or hereafter devised, including, without limitation, in camp brochures, displays, slide shows, and on JSC's website and social media pages.

(2) I agree that JSC has no obligation to use any of the Material, or to exercise any right granted herein, and that I may not enjoin any exploitation of the marketing and promotional materials as provided above.

(3) I acknowledge that neither Camper nor I shall be entitled to any compensation in exchange for JSC's right to use the Materials as described herein.

(4) I hereby unconditionally and forever release, indemnify, and hold harmless JSC, The Ukrainian Nationals, Bethesda Soccer Club, and their respective shareholders, officers, directors, employees, volunteers, representatives and agents from any and all liability, claims, or actions that arise from use of the Material, or that I, Camper or our respective heirs, executors, administrators or assigns may have or claim to have in connection with use of the Material as described herein, and I agree not to sue or bring any proceeding against any of those parties for any claim or cause of action, whether presently known or unknown, including, but not limited to actions for defamation, invasion of Camper's rights to privacy, publicity or personality or any similar matter, or based upon or relating to the exercise of any of the rights referred to herein.

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**\*\*A signed original Image Release must be provided to JSC.  
Please keep a copy for your records.\*\***

**Schedule E  
Registration Form 2017**



<b>Today's Date:</b>		
<b>CAMP LOCATION</b>		
<input type="checkbox"/> Bethesda, MD		<input type="checkbox"/> Philadelphia, PA
<b>CAMPER INFORMATION</b>		
Camper's Name (Last, First, MI):		Nickname (if any):
Camper's Date of Birth: / /	Camper's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address:	City, State:	Zip code:
Preferred T-Shirt Size:		
<b>PARENT/LEGAL GUARDIAN INFORMATION</b>		
Name (Last, First, MI):		Email:
Home Phone:	Cell Phone:	
Street Address (if different from Camper's):	City, State:	Zip code:
Alternative Emergency Contact (Name, Relationship to Camper, Telephone):		
<b>INSURANCE INFORMATION</b>		
Primary Insurance provider:	Name of Insured:	
Insured's SSN:	Insured's Date of Birth: / /	
Group No:	Policy No:	
Secondary Insurance provider (if any):	Name of Insured:	
Group No:	Policy No:	
The above information is true to the best of my knowledge.		
SIGNATURE OF PARENT/LEGAL GUARDIAN:		DATE:

This Registration Form supersedes all prior versions submitted to or distributed by JSC.

*\*\*A signed original Registration Form must be provided to JSC.  
Please keep a copy for your records.\*\**