



# STONEHILL COLLEGE MEN'S SOCCER COLLEGE ID CLINIC

**FRIDAY, APRIL 20<sup>TH</sup>**  
**\$100**

## TENTATIVE SCHEDULE OF EVENTS

8:30am-9:00am	Check-in and Registration
9:00am-11:00am	Soccer Training & Scrimmage
11:00am-12:00pm	Recruiting & Admission Process Discussion
12:00pm	Departure or Optional Campus Tour from Admissions

***College Visit Letters will be available for anyone that needs proof of visit for their high school guidance office.***

Registration will begin in the lobby of the Sally Blair Ames sports complex 9:30am. The practice will take place in our field turf stadium and/or on our grass practice field (weather permitting). You will be able to change in a locker room prior to practice. The best place to park is behind the Sally Blair Ames Sports Complex, in Lot 11.

The optional campus tour will leave from the Sports Complex at 12:00pm or whenever Q&A session ends.

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## STONEHILL ID CLINIC REGISTRATION

To participate in the practice, please complete and mail-in this Registration Form & Liability Waiver (page 2) with a check payable to Stonehill College.

NAME:

ADDRESS:

CITY/STATE/ZIP:

HOME PHONE:

E-MAIL:

HAVE YOU COMPLETED THE ON-LINE QUESTIONNAIRE? Circle YES or  
Click: [www.frontrush.com/FR\\_Web\\_App/Player/PlayerSubmit.aspx?sid=4223&ptype=recruit](http://www.frontrush.com/FR_Web_App/Player/PlayerSubmit.aspx?sid=4223&ptype=recruit).

POSITION(S):

YOG:

EMERGENCY CONTACT AND PHONE:



## STONEHILL COLLEGE ATHLETICS

### Assumption of Risk, Agreement to Hold Harmless and Emergency Release Form

**ACTIVITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I hereby acknowledge, understand and agree that I will be engaging in activities that involve risk or potentially serious injury including permanent disability and death, and severe social and economic losses which might result not only from my actions, inactions or negligence, but the actions, inactions or negligence or others, or the equipment used. I also acknowledge that it is my responsibility to act in accordance with the rules and regulations set forth by the College.

In consideration for permitting me to participate in the above activity, I agree to release on behalf of myself, my heirs, representatives, executors, administrators, and assigns, Stonehill College, its trustees, officers, agents and/or employees from any cause of action, claim(s) or demand(s) of any nature whatsoever which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against the College, its trustees, officers, agents and/or employees (except to the extent the College is negligent) on account of personal injury(s), property damage, death, or accident of any kind, arising out of or in any way related to my participation in the above activity, whether participation is supervised or unsupervised. I also agree to indemnify and hold harmless Stonehill College, its trustees, officers, agents and/or employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of my participation in the above activity.

I certify that my child is in good health and fit to participate in athletic activities without restrictions and/or limitations.

In case of medical emergency involving my child/ward, I understand that every effort will be made to contact me to other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the College to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for my child.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Signature (if under 18 years old)**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_