



# Wartburg College Soccer

## Hometown Clinic

### ADM Soccer: grades 7–12

#### Times & Dates

March 4-5

- Grades 7-9, 6-7:30 p.m.
- Grades 10-12, 7:30-9 p.m.

#### Location

ADM High School Gymnasium

#### Price

- \$30 per athlete
- \$35 after February 25

#### Contact Information

Mike Madigan  
Head Men's Soccer Coach  
Wartburg College  
100 Wartburg Blvd.  
Waverly, IA 50677

michael.madigan@wartburg.edu  
319-352-8355

The Wartburg College hometown clinic is an opportunity to mentally and physically develop each player in a 2-day camp.

The WCS staff will travel to your home field/facilities to provide collegiate-level training to individual high school teams during the nontraditional season.

All paperwork will go through:

Head Boys Soccer Coach Bill Shields

Make checks payable to:

Wartburg Soccer

#### Athlete Registration

Or register online, by credit card only, at [www.wartburgsoccer.com](http://www.wartburgsoccer.com)

Name \_\_\_\_\_

Grade \_\_\_\_\_

Paid \_\_\_ Yes \_\_\_ No

# Wartburg College Hometown Clinic

## Health Waiver and Emergency Care Authorization

Participant's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Guardian's name (please print) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Participant's email \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Work Phone \_\_\_\_\_ Home phone \_\_\_\_\_

Health insurance provider \_\_\_\_\_ Policy number \_\_\_\_\_

Please indicate any pertinent previous medical history \_\_\_\_\_

\_\_\_\_\_

List any medications, allergies, or any other notes \_\_\_\_\_

\_\_\_\_\_

### Hold Harmless

The undersigned, parent/guardian of minor, understands that participation in the camp is voluntary. Parent/guardian of minor understands that minor, as a participant in events sponsored by or associated with Wartburg College, whether athletic or social in nature, is subject to risk of injury. Parent/guardian agrees to defend, indemnify, and hold harmless Wartburg College and its partners, agents, employees, or owners from and against any claim, demand, suit, judgment, cost of fees, which arise out of or are in any way connected with Wartburg College Soccer Camps, regardless of whether such claims are the result of the negligence of Parent/Guardian/Minor or anyone else or for any other cause.

### Permission for Emergency Care

As the parent/legal guardian, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as to the results of examination or treatment. Our insurance carrier and I accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify Wartburg College Soccer Camps if, at any time, our medical insurance provider changes while participating in the activities with Wartburg College.

I have read and understand the above.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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