

Waiver Form

In consideration of being allowed to participate in any way for the **St. Bonaventure Men's Soccer Day Camp** its related events and activities, the undersigned, acknowledges, appreciate, and agrees that:

- 1) The risk of injury from the activities involved in this is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the **St. Bonaventure Men's Soccer Day Camp**, its officers, officials, agents, and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to the person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date Signed: _____

More Than Just Camp

We are so excited that you are interested in attending our camp, however, this is only one way in which you can experience St. Bonaventure men's soccer. Our season, fall of 2019, is just around the corner and we are now in search of ball boys/girls to help us at our home games. We are also in need of youth players to walk out with both teams during starting lineups.

Other opportunities include national anthem singers and the opportunity to play at halftime.

Interested in learning more? Contact:

*Ryan Arvin
Assistant Coach
716-375-4007
rarkin@sbu.edu*



ST. BONAVENTURE MEN'S SOCCER YOUTH DAY CAMP

July 22-25, 2019

9 am - 3 pm – Ages 6-13

Camp is Co-Ed

GoBonnies.com

Why This Camp Is For You

The goal of the St. Bonaventure Youth Camp is to help develop well-rounded, complete soccer players. Coach Oduro and his staff believe in teaching players the fundamentals of the game along with the proper attitude and work ethic needed to be successful. Our philosophy stresses “confidence through compliments,” teamwork, effort and sportsmanship. Coach Oduro believes these ingredients help young people to achieve success not only on the field, but also with family, school and life.

Camp Highlights:

Play on the new turf at the Marra Athletics Fields Complex

Play games each day

Have fun!



Typical Camp Day:

8:55 a.m. - Drop-off

9:00 a.m. - Warmup

9:30 a.m. - Fun Games

10:00 a.m. - Skill/Same Sided Games

11:45 a.m. - Lunch (Bring Your Own)

12:30 p.m. - Free Time

1:00 p.m. - World Cup

2:00 p.m. - 11 v. 11 Games

3:00 p.m. – Camp Ends

What To Bring:

Cleats

Water

Soccer Ball

Shin Guards

Running Shoes

Lunch

You can secure your spot in the camp by simply sending in a \$50 non-refundable deposit with your application and waiver. Full payment is not due until the first day of camp.

Camp Application



Mail application and make check payable to:

Kwame Oduro

Department of Athletics

Reilly Center

P.O. Box G

St. Bonaventure, N.Y. 14778

Camper's Name: _____ Age: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Parent's Email: _____

Please check one of the following:

Recreational Team

Travel Team (Experienced)

Please check one of the following:

Full Day Camper (\$175.00)

Partial Day Camper (\$100.00)
(9 am to 11:45 am)

Please circle one of the following:

YS YM YL AS AM AL

Fill out both sides - detach and return