



Camp Director

Paul Regrutto

-Head Men's Soccer Coach, UH Hilo
-2016 RMAC Coach of the Year
-16 of years of NCAA coaching experience

Camp Staff

Camp Staff: Men's Assistant Soccer Coaches, Terry Yamane and Chad Hanashiro, along with UH-Hilo Men's Soccer student-athletes.

Camp Schedule

8-8:30am Check-In (UH Hilo)
8:30-8:45am Camp Meeting
9-11am Training Session (Waiakea HS)
11:15-12pm Lunch (Lunch provided to all campers)
12-1am "College Talk" (Parents encouraged to attend)
1:30-3pm Match Play (Waiakea HS)
3pm Camp Ends

What To Bring-water bottle, shinguards, sunblock, indoor shoes (in case of inclement weather)

All campers receive 3.5 hours of professional instruction, a T-shirt, and lunch.

QUESTIONS?

For more information, call:
Terry Yamane (808) 640 0694

Register online at hawaiihiolosoccercamps.com or mail/hand deliver to:
UH Hilo Department of Intercollegiate Athletics,
Attn: Camps/Clinics;
200 W. Kawili St., Hilo HI 96720-4091.

To pay by credit card register online. Payment **must** accompany mail/hand delivered registrations. Complete the registration form and send with full payment (**check only**) payable to **University of Hawai'i**

Date: Saturday, October 13, 2018
Location: UH Hilo and Waiakea HS Turf Field
Registration Fee: \$80.00
Ages: Currently enrolled HS boys Freshmen-Senior (maximum registrations:30)
Check-in: 8-8:30am

Total check amount enclosed: \$ _____

Advanced registration required. No walk-up registration permitted if camp enrollment is full. ALL PAYMENTS ARE NON-REFUNDABLE. NO PARTIAL OR FULL REFUNDS.



REGISTRATION

Please fill out a separate registration form for each camper.

MAXIMUM REGISTRATIONS:30

Registration Deadline: October 1, 2018

Walk up registration will be permitted if camp is not at capacity.

Please print clearly using black or blue ink

Name of Participant: _____

Address: _____

City/State: _____

Zip Code: _____

Date of birth: _____ Age _____

Email (This will be the primary means of communication for camp details, changes, etc.): _____

School: _____

Grade in School Beginning Fall 2018: _____

Parent's name: _____

Parent's Email: _____

Cell/ Home phone: _____

T Shirt size (Circle One):

Adult: **S M L XL**

MEDICAL CONSENT

I/We, the undersigned, consent to and authorize any medical professional and others working under their supervision to provide medical treatment to

(print participant's name)
for any injury or illness arising from or related to his/her participation in the UH Hilo Men's Soccer Elite Camp. I/We further agree to pay any and all medical expenses, costs and other charges and to release, discharge, defend and hold harmless the State of Hawai'i, University of Hawai'i and its Board of Regents, officers, agents and employees, and the UH Hilo Men's Soccer Program, its officers, directors, agents, employees, volunteers and assigns from and against any liability or claims or demands arising from or connected with such medical treatment or care.

EMERGENCY CONTACT/ PICKUP AUTHORIZATION

First Contact: _____

Phone: _____ Authorized Pickup: Yes ___ No ___

Second Contact: _____

Phone: _____ Authorized Pickup: Yes ___ No ___

Physician: _____

Phone: _____

Insurance carrier (Required) _____

Policy number (Required): _____

List all allergies _____

Medications cannot be administered by UH Hilo camp staff.

Participant's Signature (Required): _____

Parent/Guardian Printed name: _____

Parent/Guardian Signature (Required): _____

Date: _____

ASSUMPTION OF RISK WAIVER AND INDEMNITY / PHOTO AGREEMENT

I/We understand that _____ (Student's name) will be participating in the University of Hawai'i at Hilo Vulcan's Men's Soccer Elite Camp.

I/We, _____ (Print Parent/Guardian Name)

are fully aware and acknowledge that there are inherent dangers and risks involved in participation in the Program, which may include, but are not limited to minor injuries such as bruises, lacerations, strains and sprains, overexertion injuries such as heat stroke, cardiac arrest or respiratory failure, broken bones or dislocations, or the possibility of permanent disability and death, as well as property loss and severe social and economic loss. I/We are fully aware that there are inherent risks of injury that include, but are not limited to, illness, personal injury, or death. I/We understand that the University of Hawai'i does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of the participation in the Program. In consideration of the Student being permitted to participate in the Program:

I/We agree for Student, ourselves, our heirs, personal representatives and assigns, to waive any and all claims, demands, actions or causes of action, on account of any loss, including damage to personal property, personal injury or death, which arise out of Student's involvement or participation in the Program (collectively, "WAIVED CLAIMS");

I/We agree, for Student, ourselves, our heirs, personal representatives and assigns, to hereby RELEASE AND DISCHARGE the State of Hawai'i, University of Hawai'i and its Board of regents, officers, agents and employees, and the UH Hilo Men's and Women's Basketball Program, its officers, directors, agents, employees, volunteers and assigns (collectively, "RELEASE") from any and all liability relating to WAIVED CLAIMS; and

I/We also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the RELEASES from and against any and all WAIVED CLAIMS.

I/We have read this Assumption of Risk, Waiver and Indemnity Agreement and I/we understand that I/we am/are giving up substantial rights, including the right to sue. I/We acknowledge that I/we are participating in the Program and signing this Agreement freely and voluntarily.

I/We agree that this Agreement shall be construed in accordance with the laws of the State of Hawai'i. I/We further agree that if any portion of this Agreement be held invalid, the remainder shall continue in full force and effect.

I hereby acknowledged and give full right and permission to use my likeness, photograph(s) and/or name, and to grant permission to others to use my likeness, photograph(s) and/or name, and do hereby release, acquit and forever discharge "the University of Hawai'i at Hilo" the employees and assigns, and anyone receiving permission from them as aforesaid, from any and all claims, actions, causes of action and liabilities, of whatsoever kind of nature, arising out of any use of my likeness, photograph(s), and/or name, for advertising, publicity, trade, or any other lawful purpose, in any medium now known or hereafter to be developed. I hereby waive any right I may have to inspect and approve the finished product or such written or spoken copy that may be used in connection therewith, or the use to which it may be applied.

Name of Participant: _____

Participant Signature required: _____

Parent/Guardian Printed name: _____

Parent/Guardian Signature required: _____

Date: _____

University of Hawai'i at Hilo
Department of Intercollegiate Athletics
200 W. Kawili Street • Hilo, HI 96720-4091
Office 808-932-7171 • Fax 808-932-7169
<http://hiloathletics.com>

FOR OFFICE USE ONLY:
Date Paid: _____ Amount \$: _____
Bank/Ck# _____



**2018
UH HILO MEN'S
SOCCER
ELITE CAMP**



**October 13, 2018 at
UH Hilo and Waiakea HS
8:30am-3pm**