Not completed
**COACHINF STAFF**

**CLAUDIO ARIAS (CONCEPCION, CHILE)**
- HEAD COACH
- USSF LICENSE, NSCAA PREMIER DIPLOMA
- FORMER PROFESSIONAL SOCCER PLAYER IN THE U.S
- NCA A DIVISION I PLAYER AT BRYAN UNIVERSITY
- NCA A DI HARTLAND CONFERENCE MEN’S SOCCER COACH OF THE YEAR 2008-2009
- DEVELOPED PLAYERS THAT OBTAINED RECOGNITION AT THE NAIA, NCCAA, NAIA, AND FULL LEVELS
- NSCAA CONFERENCE CHAMPS-2003
- NSCAA NATIONAL CHAMPION RUNNER UP- 2003

**FELIPE MUNOZ (CONCEPCION, CHILE)**
- ASSOCIATE HEAD COACH
- USSF LICENSE, USSF NATIONAL YOUTH LICENSE, NSCAA PREMIER DIPLOMA, NSCAA ADVANCE NATIONAL GOALKEEPING LICENSE, NSCAA HIGH SCHOOL COACH DIPLOMA, NSCAA DIRECTOR OF COACHING DIPLOMA, NSCAA ENGLISH FA FOOTBALL PSYCHOLOGY LEVEL I DIPLOMA
- DIVISION I PLAYER AT JACKSONVILLE UNIVERSITY & TEXAS A&M INTERNATIONAL UNIVERSITY
- NSCAA ASSOCIATE STAFF MEMBER
- ASSISTANT COACH FOR THE FLORIDA SOL OF THE WPSL

Felipe.munoz@tamiu.edu  (904)887-6856

**PREMIER ACADEMY**

When: June 4th – June 7th, 2012
Times: 9 am – 2 pm
Where: TAMIU Premier Academy will be conducted at the Soccer Complex and indoors at the KCB Gymnasium
Cost: $125

**SKILLS ACADEMY**

When: June 4th – June 7th, 2012
Times: 9 am - Noon
Where: TAMIU Skills Academy will be conducted at the Soccer Complex and indoors at the KCB Gymnasium
Cost: $75

**CAMP REMINDERS**

**MEALS:** Meals are NOT PROVIDED.

**EQUIPMENT AND CLOTHING:** Please bring the following:
- Lunch (Premier Academy only)
- Shirts
- Short
- Socks
- Shin Guards
- Soccer Shoes
- Running shoes
- Soccer ball
- Water bottle
- Sun Screen

**TRAINERS:** Medical training staff will be available throughout the camp.

FOR MORE INFO:
Felipe.munoz@tamiu.edu  (904)887-6856

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**Camp Registration**

*Fill out and sign BOTH sides of this registration form, including the Registration, Waiver Form and Medical Emergency/Consent Form.*

*Mail registration form and payment to address listed or bring form and payment to the TAMIU Athletics office, located in the KCB, room 107.*

*Full payment is required before the start of camp.*

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**2012 TAMIU Soccer Academy Registration**

**Academy Attending (Check one):** Premier________ Skills________

**Name:** ________________________________

**Parent/Guardian:** ________________________________

**Address:** ____________________________________________

**City, State, Zip:** ________________________________

**Email:** ________________________________

**H Phone:** ________________________________ **C Phone:** ________________________________

**School:** ________________________________

**Grade:** ________________________________ **Age:** ________________________________

**Cost Enclosed:** ________________________________

**Credit Card Amount:** ________________________________

**Card Number:** ________________________________

**Exp. Date:** ________________________________ 3 Digit Security Code: ________________________________

**Cardholder’s Name:** ________________________________

**Cardholder’s Phone:** ________________________________

**Cardholder’s Signature:** ________________________________

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A non-refundable deposit of $65.00 is required with each application.

**Please make all checks payable:** TAMIU – Soccer

**Fill Out Both Sides and Return To:**
Texas A&M International University
Soccer Office
5201 University Blvd KCB 101.
Laredo, TX 78041

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**Waiver Form**

1. **EXEMPLARY CLAUSE.** In consideration for receiving permission to participate in any and all activities of SOCCER CAMP (herein referred to as “activity”), which is sponsored by TEXAS A&M INTERNATIONAL UNIVERSITY (herein referred to as “sponsor”), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as “RELEASEES” or “INDEMNITIES”) and assume any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself and others involved with this activity, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITIES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third persons as a result of my participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITIES.

3. **NO INSURANCE.** I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate as sponsor. A governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. **BENDS HERBS.** It is my express intent that this agreement shall bind the numbers of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. **MEDICAL AUTHORIZATION, INDENDITY FOR MEDICAL EXPENSES, AND WAIVER.** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITIES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. For students engaging in extracurricular activities; I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. For students going on fieldtrips or other class related activities; I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this __________ day of ___________________________

**Participant Signature:** ________________________________

**Participant Printed Name:** ________________________________

**Participant’s Date of Birth:** ________________________________

**Parent or Legal Guardian Signature:** ________________________________

**Parent or Legal Guardian Printed Name:** ________________________________

(If Participant is under 18 years old)

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