



**2012 University of Portland's  
Bill Irwin and Garrett Smith's**

**Spring College ID Camp**

Registration Form:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Grade as of Fall '12 \_\_\_\_\_

Parent/Guardian

Phone(C) \_\_\_\_\_ (H) \_\_\_\_\_

Club Team \_\_\_\_\_

EMail \_\_\_\_\_

*\*\* (Email will be used as the primary means of communication)*

Position (circle one) GK D M F (\*) as of Fall '11

**BIGS Soccer LLC Waiver**

I certify that my child is in good physical health and can participate in all of the Bill Irwin/Garrett Smith Soccer Camp activities. If I/We cannot be reached in the event of illness, injury, or medical emergency, I/We hereby grant the staff and physicians full power and give consent for any and all medical care including hospitalization and surgery deemed necessary for the health and well being of my child. I/We also understand that the Bill Irwin/Garrett Smith Soccer Camp does not provide medical insurance, therefore I/We are responsible for any and all costs of my child's medical expenses.

I/We, the undersigned, hereby acknowledge and understand that the Bill Irwin/Garrett Smith Soccer Camp is a privately run sports camp and is not operated by or through the University of Portland. The Bill Irwin/Garrett Smith Soccer Camp is neither sponsored, controlled, nor supervised by the University of Portland.

I/We, the undersigned, for ourselves, our heir executors and administrators, waive release and forever discharge the Bill Irwin/Garrett Smith Soccer Camp, University of Portland and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur while at the Bill Irwin/Garrett Smith Soccer Camp.

I agree that the Camp retains the rights to use photos taken of campers at the Camp for advertising and publicity purposes only.

I understand that no one associated with the Camp is authorized to alter, modify or waive any of the terms of this agreement in any way.

Parent/Guardian Signature \_\_\_\_\_

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

**Bill Irwin and Garrett Smith's  
College ID Camp**

- Men's Spring College ID Camp  
Tuesday, March 27<sup>th</sup>
- Women's Spring College ID Camp  
Thursday, March 29<sup>th</sup>

**COST: \$125.00 for Field  
Players and GK's  
(Lunch will not be provided)**

*\*Please check which camp you will attend.*

**Please make checks payable to:**  
BIGS Soccer Camps

**Return to check or money order to:**  
Whitney Stipetich-Camp Director  
University of Portland  
5000 N. Willamette Blvd.  
Portland, OR 97203

**Tentative Schedule**

10:00-10:30am	Check In at Chiles Center
10:30-11:00am	College Talk/Recruiting Talk
11:15-12:45pm	Field Session #1-GK specific training
12:45-1:15pm	Lunch
1:30-3:30pm	Field Session #2- GK specific training
3:30-5:00pm	Field Session #3—11 v 11 Games

**Cancellation Policy:**

If canceling within 7 days prior to the start of camp a \$50.00 non-refundable deposit fee will be assessed for cancellation of any kind. Refunds take 2-4 weeks to process. Please email [stipetic@up.edu](mailto:stipetic@up.edu) for a refund form.

**Questions:**

Please contact Whitney Stipetich at [stipetic@up.edu](mailto:stipetic@up.edu)