MCLA Girls High School Pre-Season Clinic Registration
Sunday, August 2, 2026 / 12:00p-4:00p (rain or shine)
MCLA Athletics Complex – West Shaft Road

FREE!

*Walk-ins are of course welcome, but must bring these completed forms along with payment
If you have questions about the clinic, please contact, Women's Soccer Coach, Deb Raber
413.662.5355 or Deborah.Raber@mcla.edu

PARTICIPANT CODE OF CONDUCT

While attending this clinic, I will:
-Remain at the clinic at all times, unless I am with the director or other clinic staff.
-Report any injuries to the staff.
-Cooperate with other attendees campers and staff members.
I understand that:
-Violations of the safety or well-being of any person will not be tolerated.
-No refunds will be made to students dismissed from the program for violations of the participant code of conduct.

I have read and agree to abide by the Clinic code of conduct.

Participant Signature:_____ Date: _____

PARENT/GUARDIAN PERMISSION & RELEASE INFORMATION: *RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION*

In consideration of the MCLA Athletics Clinic providing my participant with this clinic program, I, nor my child will not, nor will our administrators, executors, heirs or assigns hold the commonwealth of Massachusetts and MCLA, its trustees, officers, agents, employees, representatives and/or students liable for damages or injuries, including death, that my child may sustain, and I and my child, our administrators, executors, heirs or assigns, forever release, discharge and hold harmless the aforementioned parties from any and all claims, demands, liabilities, injuries, damages, attorney's fees, actions or causes of action whatsoever stemming from injury or damage to any person that arises from, or is connected to, MCLA Athletics Clinic participation and/or the operation of any equipment loaned to me by the MCLA Athletics Clinic (such as, but not limited to sports equipment, etc…). I understand that participation in the Clinic can include foreseeable and unforeseeable risks and other hazardous activities inherent in the clinic program. I freely choose for my child to participate in the Clinic with the knowledge of the potential risk involved and agree to assume all associated risk. I understand and agree that the clinic staff has the right to dismiss my child for due cause. In case of medical emergencies, I understand every effort will be made to contact the parent or guardian of the participant as named in the Medical Release Form. If the named person(s) cannot be reached, consent is hereby given that my child may receive medical and/or surgical care as recommended by the attending physician or hospital.

Parent/Guardian Signature:_____ Date: _____

PERSONS AUTHORIZED TO PICK UP PARTICIPANT

In the event that I/we are not available at the appointed pick-up time, the following named person(s) are hereby authorized to pick up my child. I understand that my child will not be released to the person(s) named below unless they are able to present identification (ie. driver's license):

Name:_____ Relationship:_____ Cell:_____

Name:_____ Relationship:_____ Cell:_____

Notes:_____