
Dear Goalkeeper,
We are happy to inform you that your registration/deposit has been received and you are accepted to attend **ONEonONE 6-week Summer Goalkeeper Academy**, **June 25, July 2, 9, 16, 23 & 30, 2026** at PA Classics Park, Manheim, PA.

Listed below is information, which will help your check-in and travel go smoothly.

**Check-In is from 5:30-6:00pm, Thursday, June 25, 2026 at PA Classics Park**. (A map is provided for you in this packet). Field sessions will be held on the PA Classic's artificial grass fields. Please bring the appropriate footwear for this surface as well as a normal shoe worn on a grass surface is fine.

***All required forms/waivers must be signed, and any remaining balance must be paid in full.***

**PLEASE BRING ALL YOUR REQUIRED FORMS WITH YOU TO REGISTRATION**. *These forms include: Waiver and Release of Liability, Medical Consent & Assumption of Risk Form, Medical Insurance Information Form, and the Media & Photo Waiver as we will have a photographer and videographer onsite.*

All of us at **ONEonONE Goalkeeping** look forward to providing you with a great goalkeeping experience! Please let us know if we can help in any other way to make your travel and/or stay even more enjoyable…

Regards,
Front Office Staff
**ONE on ONE Soccer**


# Soccer Checklist

The following checklist will help you prepare for your week at our soccer schools. If you have any questions, please do not hesitate to contact us via email at: info@ONEonONEsoccer.com or by phone: (717)380-4301

## Parents Checklist

_____ Waiver and Release of Liability & Medical Consent & Assumption of Risk Form
_____ Medical Insurance Information Form
_____ COVID-19 Compliance Form
_____ Media & Photo Waiver

## Players checklist for camp

_____ soccer ball (Mandatory Item)
_____ equipment bag/backpack
_____ shinguards
_____ elbow pads (optional)
_____ water bottle


# Classics Soccer Park

1461 Lancaster Road, Manheim, PA 17545

# ***MEDICAL/INSURANCE INFORMATION***

**Please complete form (signed by parent/legal guardian) and bring with you to registration on the 1st day of your Soccer School.**

Player Name_____Session Week: **June 25, July 2, 9, 16, 23 & 30, 2026**

Parent/Guardian Name_____Phone_____

Address_____City_____State_____Zip_____

**EMERGENCY CONTACTS:**

Primary Contact_____ Relation to Player_____

Daytime Phone_____ Evening Phone_____

Secondary Contact_____ Relation to Player_____

Daytime Phone_____ Evening Phone_____

**INSURANCE POLICY:**

Policy Holder's Name_____DOB_____Relation to player_____

Address_____Phone_____

Insurance Company_____ Policy #_____Plan #_____

Insurance Company Address_____Phone_____

Physician's Name_____Phone_____

Physician's Address_____

**MEDICAL HISTORY & IMMUNIZATIONS:** Does the player have any of the following?
(If yes, please explain).

Drug Allergies_____Food Allergies_____

Allergies to insect bites_____Special dietary needs_____

Asthma_____Frequent headaches, dizziness or seizures_____

Other health problems or limitation of activities_____

Medications the player is taking_____

Will the player require any specific treatment while participating in our program

If yes, please explain_____

My child has my permission to take the following over-the-counter medications as needed

_____

My child is current on all immunizations, to include: ☐ Measles ☐ Mumps ☐ Rubella ☐ Polio ☐ Tetanus

☐ Tuberculin Test

My child has had the following: ☐ German Measles ☐ Mumps ☐ Asthma ☐ Chicken Pox ☐ Pneumonia ☐ Diabetes

☐ High Blood Pressure

I _____, parent/guardian of _____, herby declare the information above to be correct and release this information to any medical personnel if medical attention is needed.

_____ Date_____

Signature

# *WAIVER AND RELEASE OF LIABILITY, MEDICAL CONSENT AND ASSUMPTION OF RISK*

In consideration of being allowed to participate in the ***ONE ON ONE SOCCER®/Goalkeeping*** (including but not limited to) Schools, any seminar, clinic, exhibit, or demonstration conducted in connection therewith (the Event), the undersigned attendee hereby expressly waives and releases ***ONE ON ONE SOCCER®***, its administrators, directors, medical staff, certified athletic trainers, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises in which the activity takes place from any liability, losses, damages, injuries (including disability or death) actions and all causes of action or claims whatsoever, of any kind or nature, arising from, or in any manner related to, attendee's participation in the Event.

This Waiver and Release shall inure to the benefit of the assigns or successors of ***ONE ON ONE SOCCER®/Goalkeeping*** and shall be binding upon the heirs or successors of attendee. Attendee specifically understands that attendance at or participation in any activity is at attendee's own and sole risk. Attendee specifically acknowledges his/her experience and capabilities and believes he/she is qualified to participate in any such activity offered by ***ONE ON ONE SOCCER®/Goalkeeping.*** Attendee fully understands that participation in any function or activity set forth herein involves risks and dangers and may result in serious bodily injury, including permanent disability, paralysis, and/or death. Attendee understands that such risks and dangers may be caused by his own actions, or inaction, the actions or inaction of others participating in the activity, the condition in which the activity takes place or the negligence of the releases, specifically ***ONE ON ONE SOCCER®/Goalkeeping*** and its agents or employees. With full knowledge, the attendee fully accepts and assumes all such risks and all responsibility for losses, costs, and damages incurred as a result of his participation in the Event, of any kind or nature whatsoever. Attendee further agrees that if, despite this release, he/she or anyone on his behalf makes a claim against any of the releasees named herein, attendee will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney's fees, loss liability, damage, injury (including disability or death) or cost any of them may incur as a result of any such claim.

Attendee acknowledges that by registering for this ***ONE ON ONE SOCCER®/Goalkeeping*** Event, he/she and parent or guardian has read this agreement, fully understands it terms, understands that he/she has given up substantial rights by signing it, and has signed it freely and without any inducement or assurance of any nature, and intends same to be a complete and unconditional release of all liability to the greatest extent allowed by the law of the state in which such activity is conducted and, further, agrees that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

This Agreement shall be binding upon and shall inure to the benefit of each of the parties and their respective heirs, successors and permitted assigns. IN WITNESS WHEREOF, the parties hereunto set their hands and seals on the dates shown below and on the counterpart signature pages attached hereto.

CONSENT TO TREATMENT:

In the event of any accident, sudden illness, or medical emergency involving Attendee in connection with a ***ONE ON ONE SOCCER®/Goalkeeping*** Event, I hereby authorize the Certified Athletic Trainer, leadership and staff members of ***ONE ON ONE SOCCER®/Goalkeeping*** to consent for any and all emergency and non-emergency medical treatment as may be deemed appropriate under the existing circumstances and consent to an x-ray, C-Scan, MRI, examination, consultation, local or general anesthetic, medical or surgical diagnosis or treatment and hospital care deemed to be necessary by a licensed physician, and agree to accept full financial responsibility for these services.

X_____ Emergency Phone: _____
{PARENT / GUARDIAN SIGNATURE}

DATE SIGNED: _____

X_____ DATE SIGNED: _____
{ PARTICIPANT'S SIGNATURE}

I HAVE READ THIS RELEASE OF LIABILITY, MEDICAL CONSENT AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____ DATE SIGNED: _____
{ PARTICIPANT'S SIGNATURE}

FOR PARTICIPANTS OF MINORITY AGE
{UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION}

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 Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in ***ONE ON ONE SOCCER®/Goalkeeping*** programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X_____ Emergency Phone: _____ DATE SIGNED: _____
{PARENT / GUARDIAN SIGNATURE}


***MEDIA AND PHOTO WAIVER***

I _____ (parent/legal guardian), hereby authorize and give my full consent to ***ONEonONE Soccer®/Goalkeeping*** to publish any and all photographs, videos and/or film in which my child _____ (players name), appears in while attending a ***ONE on ONE Soccer®/Goalkeeping*** event. I further agree that ***ONEonONE Soccer®/Goalkeeping*** may use these photographs, videos, or films for any exhibitions, public displays, publications, website, commercials, social media and advertising purposes.

Parent Signature_____ Date_____

Print Name_____

Player Signature_____ Date_____

Print Name_____