

Dynasty Goalkeeping Application

Please review the program descriptions below to help you choose which level is appropriate. Acceptance into a program will be based on a review of the student's application to assure proper placement of all goalkeepers. It is important that goalkeepers are appropriately placed so that all students will be challenged and get the most out of their week at Dynasty. Please note age minimums for each level.

SELECT – Ages 13-15+. This level is designed for goalkeepers who want to solidify and sharpen their technique. It is ideal for aspiring Development Academy, pre-ECNL, Premier and Classic level goalkeepers, as well as repeat students who need to focus on their technique and developing the physical aspects of their game. It is NOT a beginner camp. It will also layer in tactical and mental pieces of the game. (Week 4)

ELITE – Ages 15-18+. This will remain the traditional camp week and core of Dynasty Goalkeeping. This camp is tailored for the more experienced, competitive goalkeepers -- repeat students, goalkeepers who have attended other goalkeeper specific camps, top Academy, ECNL and ODP players (Regional Team level or higher preferred). (Weeks 2, 3 & 5).

It is strongly suggested that students have at least 2 of the following to be prepared for this level of camp: (Check all that apply):

- Current collegiate player or start on a Academy team or ECNL club team (List club team, coach's name and contact information) _____

- Have attended another goalkeeper specific camp (List camps attended and years)

- Have attended Dynasty Goalkeeping Academy previously (List date attended)

- Youth National Team or Regional Team ODP player (List teams and years)

PRO - This week is for college players only. It will be aimed at serious college players who want to maximize their potential in college and perhaps play beyond college on the national team or professionally. More emphasis is placed on the tactics of the position and getting functional quicker to get more repetitions in game like scenarios to improve decision making. The curriculum is developed for current college players and top college bound goalkeepers who have graduated high school and can compete at this level. (Week 1)



Medical Release Form

NAME _____ SEX _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ YEAR OF GRADUATION _____

PERSONAL PHYSICIAN & PHONE _____

IN CASE OF EMERGENCY CONTACT: NAME _____ RELATIONSHIP _____

PHONE (H) _____ (W) _____ (C) _____

EXPLAIN "YES" ANSWERS BELOW AND CIRCLE QUESTIONS YOU DO NOT KNOW THE ANSWERS TO.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever taken any supplements or vitamins to help you gain or lose weight to improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Has any family member or relative died of heart problems or of sudden death syndrome before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you ever been knocked out, become unconscious or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you cough, wheeze or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you use any special protective or corrective equipment or devices that aren't normally used for your sport or position (for example, knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, check appropriate box and explain below:

- | | | | | | |
|-----------|--------------------------|---------|--------------------------|-----------|--------------------------|
| Head | <input type="checkbox"/> | Elbow | <input type="checkbox"/> | Hip | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | Forearm | <input type="checkbox"/> | Thigh | <input type="checkbox"/> |
| Back | <input type="checkbox"/> | Wrist | <input type="checkbox"/> | Knee | <input type="checkbox"/> |
| Chest | <input type="checkbox"/> | Hand | <input type="checkbox"/> | Shin/calf | <input type="checkbox"/> |
| Shoulder | <input type="checkbox"/> | Finger | <input type="checkbox"/> | Ankle | <input type="checkbox"/> |
| Upper Arm | <input type="checkbox"/> | Foot | <input type="checkbox"/> | | |

13. Record the dates of your most recent immunization shots for:

Tetanus _____ Measles _____ COVID19 _____

Hepatitis B _____ Chicken Pox _____

14. **CURRENT** Health Insurance information:

Company: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

PLEASE ENCLOSE A COPY OF THE FRONT & BACK OF YOUR CURRENT MEDICAL CARD. This is necessary for treatment at the Urgent Care Center. Also, should you change providers between now and the start of camp please mail us the updated information. Thank you!

EXPLAIN "YES" ANSWERS HERE (or back if more space is needed):

CONSENT TO TREAT:

All students must have their own medical coverage. Dynasty Goalkeeping LLC provides only excess coverage after your insurance policy has been utilized. Students will not be allowed to play unless the following is signed by the parent or guardian of the student. I, the undersigned, hereby certify that I am the parent or legal guardian of the student. I hereby give permission for the staff of Dynasty Goalkeeping LLC to seek, during the period of the Academy, appropriate medical attention for the student in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by Dynasty Goalkeeping LLC's excess medical coverage policy.

*I attest that my child has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at their high school or at our home. **PLEASE PROVIDE A COPY.***

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

SIGNATURE OF ATHLETE

_____ Date: _____

SIGNATURE OF PARENT/GUARDIAN

_____ Date: _____

Covid19 Liability Release

ASSUMPTION OF RISK/WAIVER OF LIABILITY INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES - Including COVID-19

In consideration of participating in any way in a **Dynasty Goalkeeping LLC** training session, and /or participating in or attending related events or activities at Saint Mary's School in conjunction with **Dynasty Goalkeeping LLC**, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for any injury, illness, disability or death related to my participation, whether physical, social or economic including, but not limited to, the Corona Virus Disease (COVID-19); and,
3. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that severe social and economic loss may result not only from his or her own actions, inactions, or negligence but from the actions, inactions or negligence of others, as well as the rules of play, the condition of the premises, or from any equipment used. Further that there may be other risks not known to the adult and/or minor participant including risks that may not be reasonably foreseeable; and,
4. I willingly agree to comply with the stated and customary terms and conditions from participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
5. Represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity(ies) at Saint Mary's School with Dynasty Goalkeeping LLC, and hereby authorize Tracy Noonan, or any representative of Dynasty Goalkeeping LLC, or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well-being, or the well-being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue or delayed operations; and,
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASES AND HOLD HARMLESS, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE **Dynasty Goalkeeping LLC** and their officers, officials, agents, independent contractors, coaches, staff, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES") from any and all liability, claims and/or litigation actions WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I/WE HAVE READ THE ABOVE RELEASE OF LIABILITY 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.

Printed Name of Parent/Guardian or Adult Participant _____

Signature of Parent/Guardian or Adult Participant _____ **Date:** _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibility for adhering to the rules and regulations for protection against communicable diseases.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date:** _____