

Delaware Soccer Camps

DAY CAMP Registration and Medical Information

All requested information must be provided. Applications without signatures will not be processed. Please be sure to submit registration form complete with medical information and check together. This form may be copied for additional campers.

Ian Hennessy's
2010 Delaware Soccer Camps
at the University of Delaware
302-533-5441

www.delawaresoccercamps.com

Camper Name _____
Address _____
City _____ State _____ Zip _____
Age _____ DOB _____ Grade (Fall '10) _____
Sex: M F Club Team Name _____
Home Phone _____
E-Mail _____

Mother's Name _____
Day Phone _____ Cell _____
Father's Name _____ Cell _____
Day Phone _____
If Parents/Guardian cannot be reached, call
_____ Phone _____
_____ Phone _____
Family Physician Name _____
Phone Number _____

How did you hear of us? _____

T-Shirt Sizes (youth) YS YM YL YXL

DAY CAMPS OFFERED - Please check desired week(s)

DSC Week 1 DSC Week 2 DSC Week 3
6/14-6/18 6/21-6/25 6/28-7/2
\$195/wk \$195/wk \$195/wk
Time: 9:00am - 3:00pm

CAA Soccer Camp CAA TOTS Camp
7/26 - 7/30 7/26 - 7/30
\$150/wk \$79/wk
Time: 9am - 1pm Time: 9am - 11:30am
(Does not include pool time)

Day Camp Ages: Boys and Girls 7 - 12 years
TOTS Camp Ages: Boys and Girls 3 - 6 years

**Multiple week discounts - \$10 off second week

**Sibling Discount - \$10 off each camper

** Full team discount (8 or more) \$15 off each camper

(*Discounts cannot be combined)

After hours care 3:00pm - 5:00pm for an additional
\$75.00 / week (Not applicable for CAA Camps)

Please make checks payable to:
Delaware Soccer Camps

A non-refundable deposit of \$75.00 must be enclosed with the camp registration form. Full payment is due by May 31, 2010. Any registration received after May 31, 2010 will require full payment.

Please send check with registration form to:
Delaware Soccer Camps
210 Hullihen Drive
Newark, DE 19711

Please attach and explain any serious medical conditions and list the names of any medications the camper is presently taking and for what medical conditions.

Allergic to Penicillin Aspirin Other _____

Medical Insurance Co. _____

Policy Number _____

Are you insured by any other health benefit plan such as an HMO, ETC. (Specify Plan)

_____ has been examined within the last

Camper Name

12 months and no medical reason has been found that he/she can not participate in this camp. Records show that all immunizations are up to date.

I agree that in case of an accident involving my child while attending camp and with full awareness that soccer is an activity that may involve risk or injury, I release Delaware Soccer Camps and the University of Delaware from any and all liability. In case of an emergency, I give permission to have my child properly transported to a medical facility for care. I understand that Delaware Soccer Camps and the University of Delaware do **not** provide medical insurance and that I will be responsible for all medical expenses incurred. Delaware Soccer Camps has established the following procedure for injury or sickness: (1) the camp will call home. (2) call the father's, mother's or guardian's place of employment, (3) call the emergency numbers and physician, (4) call an ambulance if necessary for transportation to medical facility, (5) attending physician will make judgment of admittance, (6) Delaware Soccer Camps will continue to call parents, guardian or physician until one is reached. If I cannot be reached and the camp has followed the above procedures, I assume all expense for the transportation and medical treatment. I also hereby consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia which may be carried out based on the medical judgment of an attending physician.

By signing below, I agree to all the terms detailed above.

Parent/Guardian Signature

Date