



## Team Camp Player 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.

Delaware Soccer Camps 2010 Team Camps  
302-533-5441

[www.delawaresoccercamps.com](http://www.delawaresoccercamps.com)

Player Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade Fall 2010 \_\_\_\_\_  
Sex F M Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
School Name \_\_\_\_\_ Position \_\_\_\_\_  
Club Team Name: \_\_\_\_\_  
Team Contact / Coach Name \_\_\_\_\_  
Comments \_\_\_\_\_  
How did you hear of us? \_\_\_\_\_

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 \_\_\_\_\_

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 Kirkwood Soccer Club 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 Kirkwood Soccer Club 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 \_\_\_\_\_

### TEAM CAMPS OFFERED-Please check desired camp;

**TEAM/REP CAMP - 8/2 - 6/2010**

Boys and Girls 9-14 years  
Location: UDEL Sports complex  
Times offered, please circle one:

9:00am - 12:00PM **OR** 5:00pm - 8:00pm

**BOYS HIGH SCHOOL CAMP 8/10-14/2010**

Boys Only in grades 9-12  
2 hour private team session each day  
Location: Kirkwood Soccer Complex  
Times offered, Please circle team choice:

8:45am - 10:45am 11:00am - 1:00pm  
1:45pm - 3:45pm 4:00pm - 6:00pm  
6:15pm - 8:15pm

### COST \$125/per player

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 July 1, 2010. Any registration received after July 1, 2010 will require full payment.

Please send check with registration form to:

**Delaware Soccer Camps**  
210 Hullahen Drive  
Newark, DE 19711