

# 2009 HAMLETS CAMP APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/Town \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Age \_\_\_\_\_  
Birthdate \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Sex (circle) M F Position \_\_\_\_\_

Player info (circle) MAPLE DIV 1 MAPLE DIV 2 MAPLE D DIV 1 DIV 2 DIV 3 REC/OTHER CLUB  
U8 U10 U11 U12 U13 U14 U15

**Camp shirt size:** (Order next size up to allow for shrinkage)  
Youth Lg. 14-16 Adult Sm. 34-36 Adult Med. 38-40 Adult Lg. 42-44 Adult XL 46-48

Are you registered with the state organization? (E.g. MYSA) YES NO

Please circle choice for camp(s)

**Players Camp:** July 13-17 July 20-24 July 27-31 August 3-7

**Full Keeper Camp:** July 27-31 Aug 3-7 **Please circle:** Academy U10 Blue U11-13 Maple U14+

**Half Day Keeper & Half Day Player Camp:** July 27-31 Aug 3-7

We will inform you by mail of acceptance and balance of account

**Family Discount:** (Other family member's name(s) \_\_\_\_\_)

**Team Discount:** (Team name and Coach's name) \_\_\_\_\_ submitted in one envelope

**Premier Camp** is available when U12 or older MAPLE team of 8 or more players come for the same week.

## MEDICAL RECORDS

**Massachusetts General Law requires campers to have current records of physical examination and immunizations on file.**

Parents/guardians of each camper shall, prior to attending camp, furnish the following documents prepared and signed by a licensed health care provider to Hamlets Soccer Camp.

**1. A health history, to include allergies, required medications and any health condition, which may effect the child's activities while attending camp.**

**2. A report of a physical examination conducted within the preceding 24 months.**

**3. An immunization record, to include Measles, Mumps and Rubella (MMR) vaccination; polio vaccination; Diphtheria, and Tetanus Toxoids and Pertussis (Dta//DTP/DT/Td) vaccination and Hepatitis B vaccine for all children born on or before January 1, 1992.**

## MEDICAL RELEASE

In consideration of the applicant's attendance at the Summer Soccer Camp, I/we the parents/guardians of the applicant hereby give my/our approval of his/her attendance and participation in any and all activities during the Summer Soccer Camp. The applicant is in good health and able to participate in the physical activity of a vigorous soccer program. I/we do assume all risks and hazards related to participation including transportation to and from the camp. I/we hereby waive, release, absolve, indemnify and to hold harmless the Hamlets Soccer Camp, Club and all involved with the club, Camp Director and staff, other participants and person(s) transporting my/our son/daughter to the camp, for any claim resulting from athletic, dental, or bodily injury that may occur to my son/daughter while attending the camp. Also it is my/our understanding that the Fuller Hamlets Soccer Club does not carry medical insurance and that my insurance is expected to cover my child's injuries. I authorize the Camp Director to act on my behalf in any emergency requiring medical attention. I/we understand that the applicant is subject to immediate dismissal if he/she does not comply with the camp rules and regulations, or if the applicant is found to be detrimental to the best interest of the camp.

**Signature of Parent or Guardian:** \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Medical Problems: \_\_\_\_\_

Inquiries: Marc Bowden, Assistant Camp Director (508) 798-5214 or E-mail [hamletssoccercamp@msn.com](mailto:hamletssoccercamp@msn.com)

Send Applications and \$100 deposit to: HAMLETS SOCCER CAMP, PO Box 243, Sutton, MA 01590