

2010 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 DIV 3 REC/TOWN or 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 19-23 July 26-30 August 2-6 August 9-13

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

Half Day Keeper & Half Day Player Camp: July 26-30 Aug 2-6

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

Family Discount: (Other family member's name(s) _____)

GROUP Discount: (Organizer'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, Camp Director (508) 798-5214 or E-mail hamletssoccercamp@msn.com

Send Applications and \$125 deposit to: HAMLETS SOCCER CAMP, 49 Berwick Street Worcester Mass 01602