



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

2012 Delaware Soccer Camps
at the University of Delaware and beyond

302-533-5441

www.delawaresoccercamps.com

Camper Name _____

Address _____

City _____ State _____ Zip _____

Age _____ DOB _____ Grade (Fall '12) _____

Sex: M F Club Team Name _____

Home Phone _____

E-Mail _____

How did you hear of us? _____

T-Shirt Sizes (youth) YS YM YL YXL

DAY CAMPS OFFERED – Please check desired week(s)

DSC Camps at the U of D
DAY CAMPS: 9am – 3pm
Boys & Girls 7-12
\$225

DSC Week 1: 6/18-22

DSC Week 2: 6/25-30

****Registration for DAY/TOTS camp at Downes School
7/9 – 12/12 through Newark Parks and Rec visit:
www.cityofnewarkde.us/parksrecreation**

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

****Sibling Discount - \$10 off each camper**

**** Full team discount (10 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 after May 31, 2012. Any registration received after May 31, 2012 will require full payment.

Please send check with registration form to:

Delaware Soccer Camps

210 Hullihen Drive

Newark, DE 19711

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 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