



**RESIDENTIAL/EXTENDED DAY**

**2012 RESIDENTIAL 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  
302-533-5441  
[www.delawaresoccercamps.com](http://www.delawaresoccercamps.com)

Camper Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Graduation Year \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
How did you hear of us? \_\_\_\_\_  
Team/Club \_\_\_\_\_ Position \_\_\_\_\_  
Team Contact & Phone (if coming with a team) \_\_\_\_\_  
Roommate Request \_\_\_\_\_  
T-Shirt Sizes (adult) S  M  L  XL

Mother's Name \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell \_\_\_\_\_  
If Parents/Guardian cannot be reached, call (REQUIRED)  
\_\_\_\_\_ 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 \_\_\_\_\_

**RESIDENTIAL CAMP- Please check desired**

**July 15 - 18, 2012**

Overnight       Extended Day   
**\$575/wk**                      **\$475/wk**  
(lunch & dinner included)

**Ages: Boys only - High School age, grades 9-12**

**\*\*Sibling Discount - \$10 off per camper**  
**\*\* Full team discount (10 or more) \$15 Off**

Please make checks payable to:  
**Delaware Soccer Camps**  
A non-refundable deposit of \$200 must be enclosed with the camp registration form. Final payment is due by June 15, 2012. Any registration received after June 15, 2012 will require full payment. Please send check with registration/medical info to:  
**Delaware Soccer Camps**  
210 Hullihen Drive  
Newark, DE 19711

This is an independently run camp and not sponsored by the University of Delaware.