

2010 CAMP APPLICATION PAGE 1

THE WESTERN NEW ENGLAND SOCCER ACADEMY^{INC}

Committed To Excellence!

Camp Dates Attending

- July 12-16
 July 19-23
 Goalie Camp July 19-23
(age 10-16 only)

Camp Tuition - \$275.00

**According to Massachusetts General Law 105 CMR 430.000 ALL CAMPERS MUST SUBMIT, IN COMPLETION, BOTH SIDES OF THIS HEALTH FORM or a Health Care Recommendation form by a Licensed Medical Provider.*

T-Shirt Size:					
Adult:	S	M	L	XL	YL

Section I - (to be completed by Parent or Guardian) ★ Email Address: _____

Participant **M / F**

All Camp Correspondance will be sent by email - Please PRINT

Name (Print) _____ Birth Date: _____
Last Middle First Month / Day / Year

Address: _____ City: _____ State _____ Zip _____

Guardian Is: Father _____ Mother _____ Other _____ Guardian Name: _____

Guardian Phone: (Day) _____ Guardian Phone: (Evening) _____

Guardian Address (if different) _____ City _____ State _____ Zip _____

In case of illness or emergency the name and telephone number of a person to contact: (Relation to Participant)

Name _____ Relation _____ Telephone Number _____

Family Physician or HMO:

Name: _____ Address: _____

City: _____ State _____ Zip _____ Telephone: (Day) _____

Family Dentist:

Name: _____ Address: _____

City: _____ State _____ Zip _____ Telephone: (Day) _____

Medical Insurance Company: REQUIRED

Company: _____ ***Policy Number: _____

Signature Required
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In case of medical emergency, I hereby give permission to the Camp Certified Athletic Trainer to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child as named above.

Signature Required
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SECTION II: CAMP ACTIVITIES AUTHORIZATION

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The Western New England Soccer Academy, Inc., Western New England College, and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occur during participation in Camp activities or while at camp.

Parent Signature **REQUIRED** _____ Date _____

Parent Signature **REQUIRED** _____ Date _____

Please Print and Complete BOTH (2) PDF Application Forms
Mail With Check To: The Western New England Soccer Academy, Inc.
19 Cypress Lane • Wilbraham, MA 01095 •

2010 CAMP APPLICATION PAGE 2

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SECTION III: Physical Examinations

(Must have been done by a medical provider within the preceding 24 months).

Medical History: (Please note significant disorders)

Allergies _____ Heart _____ Tuberculosis _____

Kidney _____ Lung _____ Diabetes _____

Varicella _____ Disabilities _____ Neurological _____

Whooping Cough _____ Other: _____

Pertinent Medical History: _____

Child Name: _____

Birth Date: _____

Summary of Significant Treatment Program including Names/dose of Medications to be used while at program:

(Medications MUST be in a container with the original label)

Health Care Provider/Physician:

Signature and /or Stamp Required

Date: _____

Printed Name: _____

Address: _____

City: _____

State _____ Zip _____

Telephone: (_____) _____

Person herein described has permission to engage in all prescribed camp activities EXCEPT as noted here:

MAKE CHECKS PAYABLE TO:

The Western New England Soccer Academy, Inc.
19 Cypress Lane
Wilbraham, MA 01095

SECTION IV: Immunizations

Has completed primary series of tetanus/diphtheria? (four doses)

Yes _____ No _____

Primary Series - Type of Vaccine OVP IPV E-IPV ____/____/____

Laser Booster - Type of Vaccine OVP IPV E-IPV ____/____/____

IMMUNIZATION

DATES

Diphtheria/tetanus (Td) Must be within last ten years	____/____/____
Measles #1 (Rubeola, Red measles) Must be AFTER age 12 months or	____/____/____
MMR #1 or Positive Measles Titer (Blood Test)	____/____/____
Measles #2 (rubeola, Red Measles) Must be at least 30 days AFTER first dose or MMR#2	____/____/____
Mumps or MM#1 Must be AFTER age 12 months or Positive Mumps Titer (Blood Test)	____/____/____
Rubella (German Measles) or MMR #1 Must be AFTER age 12 months or Positive Rubella Titer (Blood Test)	____/____/____
Hepatitis B - those born AFTER 1-1-92 Dose #1	____/____/____
Dose #2	____/____/____
Dose #3	____/____/____

Medical Exemption: The above named person does not have one or more of the required immunizations because she/he has medical problem (s) that precludes the _____ vaccine (s).

WE PROVIDE

Experienced Coaches • Indoor and outdoor facilities • Superior soccer fields • T-shirt for every camper* • Certified Athletic Trainer on staff • Swimming pool with Life Guards on duty • Lunch • The most instructional time of any area day camp! •

YOU SUPPLY

An attitude to Learn! • Cleats or Sneakers • Shin Pads • Soccer Ball • Swim Gear and Towel • Indoor Shoes in Case of Rain.

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