

**2019
CAMP APPLICATION**

**WESTERN NEW ENGLAND
SOCCER ACADEMY**

CAMP DATES ATTENDING

- 7/8 -7/12
- 7/15-7/19

***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.**

CAMP TUITION: \$295-
\$25 multi-week/sibling discount available

INDICATE T-SHIRT SIZE: YL AS AM AL AXL

SECTION I (to be completed by Parent/Guardian)

PARTICIPANT: M F

Email Address: _____ *All Camp Correspondence will be sent by email - Please PRINT

Name: _____ Birth Date: _____
First Middle Last Month Date 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: (Relative of Participant)

Name: _____ Relationship: _____ Telephone Number: _____

SECTION II: Family Physician or HMO:

Name: _____ Address: _____

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

Family Dentist:

Name: _____ Address: _____

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

Medical Insurance Company: **REQUIRED - NOTE! PLEASE SIGN BOTH SECTIONS BELOW!!!**

Company: _____ ***Policy Number: _____

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

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, Western New England University, 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 ABOVE** Date Parent Signature **REQUIRED ABOVE** Date

Please Complete and Click Submit

**Mail With Check Made Payable To: Western New England Soccer Academy
114 Evergreen Drive East Longmeadow, MA. 01028**