

Application—2009 Girls' Soccer Camps

CAMPER'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE (AUG. 1) _____ ENTERING GRADE (2009) _____

HOME PHONE _____

PARENT'S DAYTIME OR CELL PHONE _____

E-MAIL _____

Camp Release Statement

The child named above has my permission to participate in the designated Messiah College summer athletic camp. I understand that camp participation may involve significant physical activity which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Messiah College, its employees, agents, officers, and volunteers from all liability, claims, expenses, and actions which may arise from injury or harm to the child as a result of camp participation.

In the event of a medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Messiah College from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signed _____
parent/guardian date

- College Prep: June 19–21
 Field Player Goalie
- Day Camp: June 22–26
- Resident Camp: Aug. 2–6
 Commuter Resident
- Goalkeeper Camp: Aug. 2–6
 Commuter Resident

Roommate Guidelines:

Work out roommate preference before sending in application. If left blank, you will be placed with someone of similar grade.

Roommate: _____

School: _____

Club Team: _____

Shirt size (circle one): YL S M L XL

OFFICE USE ONLY

DEPOSIT _____ DATE _____ BALANCE _____ DATE _____