

Application – 2009 Messiah College Falcon Field Hockey Camp

Name_____

Address_____

City_____

State_____ Zip_____

Phone_____

Emergency # _____

E-mail Address_____

Age_____ Entering Grade_____

Position_____

High School _____

Coach_____

Shirt Size S M L XL (Circle one)

Check One

- Week 1 - June 14-18
- Week 2 – July 19-23
- Team Tournament July 24-25

Roommate

Preference_____

(Only two campers per room. Both campers must give the other's name or random assignments will be made.)

Insurance Carrier of camper
(INCLUDE INSURANCE ID NO.)

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 and officers, 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 my child. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Parent/Guardian Signature