APPLICATION — 2010 GIRLS' SOCCER CAMPS

MESSIAH COLLEGE

_____
CAMPER'S NAME

_____
STREET ADDRESS CITY STATE ZIP

_____
AGE (AUG. 1) ENTERING GRADE (2010)

_____
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, 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 18–20**
Cost: $200 ($100 Deposit)
☐ Field Player ☐ Goalie

___ **Day Camp: June 21–25**
Cost: $225 ($75 Deposit)

___ **Resident Camp: Aug. 1–5**
Cost: $425 ($100 Deposit)
$300 (Commuters)
☐ Commuter ☐ Resident

___ **Goalkeeper Camp: Aug. 1–5**
☐ 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

MAKE CHECK PAYABLE TO AND MAIL TO:

Messiah College Girls' Soccer Camp
Messiah College, P.O. Box 4501
One College Avenue
Grantham, PA 17027

OFFICE USE ONLY DEPOSIT____ DATE____ BALANCE_____ DATE_____