

TOD SILEGY SOCCER CAMP
at Walpole Elementary School — July 23-27, 2012



Registration and Health Form

Please enroll me in the:

- Full day regular program (ages 9-15) \$160.00 (9:00-3:00)
- 1/2 day beginner program (ages 6-8) \$90.00 (9:00-Noon)
- Full day beginner program (ages 6-8) \$160.00 (9:00-3:00)

_____ Sex M F
Last Name _____ First Name _____ Age _____
_____ Street Address _____ City _____ State & Zip _____
Height: _____ Weight: _____ Grade entering: _____ School: _____

- Desired position: Defender Midfielder Forward Goalkeeper
Playing experience: Town League Junior High Junior Varsity Varsity

How did you learn about the Tod Silegy Soccer Camp? _____

Father/Guardian _____ Tel # _____ Cell # _____
E-mail _____
Mother/Guardian _____ Tel # _____ Cell # _____
E-mail _____

List two emergency contacts if neither of your parents/guardians can be reached:

1: _____ Home # _____ Work # _____ Cell # _____
2: _____ Home # _____ Work # _____ Cell # _____

The above-named participant has my permission to participate in the camp program above. In case of emergency, I understand every attempt will be made to contact the person(s) above. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below.

Signature: _____ Date: _____

A non-refundable deposit of \$50.00, made out to "Tod Silegy Soccer Camp," must accompany this application. Please call (603) 352-4434 with any additional questions you may have.

Mail to: Tod Silegy Soccer Camp, 14 Nelson St., Keene, NH 03431. Email: tsilegy@ne.rr.com

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Sports Camp Medical Form

All medical information will be kept strictly confidential between the medical staff and camp director. Only information necessary for the proper care of any camper will be discussed with other staff members employed at the camp.

_____ Sex M F
Last Name First Name Age

Known medical conditions or concerns (chronic conditions, illnesses, injuries):

Current Medications (name, dosage, how often): _____

Allergies (to what, what is reaction and treatment?): _____

*Insurance company: _____ Policy #: _____

*Policy Holder: _____ Group #: _____

****Application cannot be processed without proper insurance information***

Camper's Primary Care Physician: _____ Tel # _____

Permission to Dispense Over-the-Counter Medications

The camp director needs permission to dispense over-the-counter medications containing active ingredients such as ibuprofen, acetaminophen, etc. for general aches and pains. The camp director will not give any medications for which parents/guardians have not given explicit permission.

Please check any over-the-counter medications that your son/daughter may receive:

- ibuprofen tablets (i.e. Advil 200 mg; 1 or 2)
- acetaminophen (i.e. Tylenol, regular or extra strength, 1 or 2)

Signature: _____

Date: _____