



## 2018 Camp Registration Form

Email address: \_\_\_\_\_

\* PLEASE PRINT LEGIBLY. Confirmation and all camp correspondence will be sent by email

Camper's Full Name: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 7/1/2018: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_

T-shirt Size (check one): Youth Medium \_\_\_\_ Youth Large \_\_\_\_ Youth XL \_\_\_\_  
Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent (or Local Guardian) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Parent (or Local Guardian) Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent (or Local Guardian) Cell/Emergency Phone(s): \_\_\_\_\_

Parent (or Local Guardian) Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

|                         |                           |       |                             |
|-------------------------|---------------------------|-------|-----------------------------|
| Indicate Weeks Desired: | _____ Week 1 – July 9-13  | \$265 | Monday-Friday 9:00am-3:00pm |
|                         | _____ Week 2 – July 16-20 | \$265 | Monday-Friday 9:00am-3:00pm |
|                         | _____ Both Weeks 1 & 2    | \$480 | Monday-Friday 9:00am-3:00pm |

Bus Transportation: (check if needed) \_\_\_\_\_ (Bus Stops: Lenox, Dalton, Pittsfield, Cheshire, or Adams)

Anticipated Bus Pickup Point: \_\_\_\_\_ Bus Charge: Add \$50 (\$75 for 2 or more in same family)

The undersigned parent or legal guardian understands that while participating in The Soccer Academy at Williams' 2018 camp sessions, my son/daughter will be engaging in a physical activity which contains an inherent risk of physical injury, and the undersigned assumes the risk and releases, waives, and covenants not to sue The Soccer Academy at Williams or The President and Trustees of Williams College. I hereby grant permission for my son/daughter to attend The Soccer Academy at Williams' 2018 camp and to be treated by a licensed physician or a member of The Academy's athletic training staff for any injury, accident, or other mishap. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary as a result of participation. I certify that my son/daughter is in good health and is fully able to participate in all activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Completed Registration Forms (3 Pages) and Check or Money Order to:**

The Soccer Academy at Williams LLC  
ATTN: Erin Sullivan 22 Spring Street Williamstown, MA 01267

**Camp registrations with a \$100 deposit WILL be accepted with Health Form to follow provided all forms are forwarded and balances paid by July 1, 2018. NOTE: The Massachusetts School Health Record IS an acceptable proof of physical. Regardless, all campers must have a signed copy of the top half of the Health & Release Form for Campers on file (Page 2 of this PDF).**

# **HEALTH & RELEASE FORM FOR CAMPERS AND STAFF**

**(YOU WILL NOT BE ADMITTED TO CAMP WITHOUT THIS AND OTHER LISTED MEDICAL FORMS.)**

Day (non-sports) Camps – No Physical Exam is required; parent or guardian may complete bottom portion. Immunization proof required.

Overnight, primitive, and travel camps – A physical exam, performed within the last 2 years, is required to be attached to this form, or the bottom of the form completed and signed by an appropriate medical authority. Immunization proof required.

Camp: \_\_\_\_\_ Camp Location: \_\_\_\_\_ Camp Dates: \_\_\_\_\_  
Camper/Staff Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Number and Street (and Apartment)* *City* *State* *Zip Code*

Home Tel. #: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Tel. # (H): \_\_\_\_\_ Tel. # (W): \_\_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

The camp health staff may administer the following over-the-counter medications:  Tylenol ® or generic  Advil ® or generic  Neither  
The camper or staff member may self-administer the following:  Inhaler  Epi-pen  Neither

### **HEALTH INSURANCE**

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Holder's DOB: \_\_\_\_\_

*I hereby certify that the named camper/staff is physically able to participate in the Camp and that I know of no restrictions, physical impairments, or any other condition, other than noted below, which would limit, in any manner, his or her participation in this program.*

*I hereby give permission for the camp health staff to dispense the prescription medications listed below. I hereby give permission for the named camper/staff to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER/STAFF AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.*

\_\_\_\_\_  
*Signature of Parent or Guardian (or staff member, if over 18)*

\_\_\_\_\_  
*Date Signed*

### **HEALTH RECORD AND EXAMINATION**

| <b><u>Immunizations</u></b>               | <b><u>Dates Administered</u></b> |       |       |
|---|----------------------------------|-------|-------|
| MMR Vaccine (1 MMR, 1 additional Measles) | _____                            | _____ | _____ |
| Measles                                   | _____                            | _____ | _____ |
| Mumps                                     | _____                            | _____ | _____ |
| Rubella                                   | _____                            | _____ | _____ |
| Polio (3 doses)                           | _____                            | _____ | _____ |
| Diphtheria/Tetanus/Pertussis (4 doses)    | _____                            | _____ | _____ |
| Hepatitis B (3 doses)                     | _____                            | _____ | _____ |

Allergies?  Yes  No Explain: \_\_\_\_\_  
Special Diet?  Yes  No Explain: \_\_\_\_\_  
Special Needs?  Yes  No Explain: \_\_\_\_\_  
Prescription Meds.?  Yes  No Explain: \_\_\_\_\_  
Other Pertinent Medical Information: \_\_\_\_\_

*I certify that I have physically examined the above named camper, and that the individual  is  is not able to participate in all camp activities. (If "Is not" please explain restrictions:)* \_\_\_\_\_

Provider's Name: \_\_\_\_\_ License # and State: \_\_\_\_\_  
Provider's Address: \_\_\_\_\_

\_\_\_\_\_  
*Medical Provider's Signature*

\_\_\_\_\_  
*Date Signed*

**WILLIAMS COLLEGE**  
**Williamstown, Massachusetts**

**RELEASE, WAIVER, AND COVENANT NOT TO SUE**

**RE:** \_\_\_\_\_  
(Participant's Name)

\_\_\_\_\_  
(Participant's Street Address)

\_\_\_\_\_  
(City, State, Country, ZIP or Postal Code)

\_\_\_\_\_  
(Participant's Date of Birth)

\_\_\_\_\_  
(Telephone Number)

I, \_\_\_\_\_, of  
(Name of Parent or Legal Guardian)

\_\_\_\_\_  
(City and State of Residence of Parent or Legal Guardian)

as parent/legal guardian of the above-named "Participant," who is under 18 years of age, do hereby give my consent for his/her participation in the SOCCER CAMP to be held on the

(Type of Camp or Program)

Williams College campus, conducted by THE SOCCER ACADEMY AT WILLIAMS LLC  
(Name of Organization conducting camp/program)

from \_\_\_\_\_ through \_\_\_\_\_.  
(Beginning Date of Program) (Ending Date of Program)

(hereinafter referred to as "camp/program").

I acknowledge that the camp/program, while held on the Williams College campus, is an independent operation that is not sponsored, conducted or overseen by Williams College. I further acknowledge that Participant's participation in the camp/program is completely voluntary. In consideration for the Participant's being allowed to participate in the camp/program, **I, on behalf of myself and the Participant, hereby release, waive, and covenant not to sue** The Soccer Academy at Williams LLC nor the President and Trustees of Williams College, its officers, trustees, employees, agents, volunteers and all related or affiliated parties (collectively "Williams") from and for any liability, actions, or claims that I or the Participant may now or hereafter have, either before or after the Participant reaches the age of majority, for any loss, injury or damage of any kind arising from or relating in any way to Participant's participation in the camp/program or his/her presence upon or use of Williams's premises or facilities, including but not limited to any liability, action or claim arising from the alleged negligence of Williams.

I am 18 years of age or older. I have read and understand this Release, Waiver and Covenant Not to Sue. I agree that this agreement shall be effective and binding upon me, the Participant, our respective heirs, assigns, personal representatives, and estates, and all members of our family, both before and after the Participants reaches majority.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_