**REGISTRATION FORM – 2008 Loyola Greyhound Soccer Academy for Girls**

**TO BE COMPLETED BY PARENT OR GUARDIAN. TYPE OR PRINT IN INK ONLY. FILL IN ALL SECTIONS.** This form may be copied for additional applications. Your payment, in full must accompany this registration form.

**Loyola Greyhounds Soccer Academy for Girls: July 24-27, 2008**

| Last name | First name | | Middle initial |
|---|---|---|---|
| Birth date (mm/dd/yy) | Age | Grade | Team name |
| Home address (no. and street or box no.) | | | |
| City | State | | ZIP code |
| Home phone | Parent's/guardian's email address (optional) | | |
| Parent's/guardian's last name | First name | Daytime phone | Home/cell phone |
| Roommate choice (only one) | T-shirt size (youth, S/M/L/XL) | | Position (D/M/F/GK) |

**Elite Player Camp (Ages 13-17): July 24-27th, 2008** **$530 Residential**
**$450 Commuter**

**CAMP DISCOUNTS:** Multiple Children per Family: $15 off each additional child
Team Discount: $30 off per camper (10+ players)

**Please make checks payable to: Greyhound Soccer**

**Return by mail the Registration Form, Emergency Health Form, Copy of Insurance card and check to:**

Loyola Greyhound Soccer Academy for Girls
4501 North Charles St.
Baltimore, MD 21210
(410)617-5407 (phone)
(410)617-2008 (fax)
Email: crdraper@loyola.edu

**PARENT CONSENT AND MEDICAL INIFORMATION FORM – 2008 Loyola Greyhound Soccer Academy for Girls**

| Camper's last name | Camper's first name | Camper's middle initial |
|---|---|---|
| Date of birth (mm/dd/yy) | Social security # | |
| Parent's/guardian's last name | Parent's/guardian's first name | |
| Parent's/guardian's daytime phone | Parent's/guardian's home/cell phone | |
| Name of insurance company | Policy # **(COPY OF INSURANCE CARD NEEDED)** | |
| Policy holder's last name | Policy holder's first name | |
| Emergency contact last name | Emergency contact first name | |
| Emergency contact phone number | Relationship | |
| Known allergies | Current medications | |
| Other known medical conditions | | |

I/We, the undersigned certify that I/We am/are the parent(s) of legal guardian of the above named camper. I/We hereby give permission for the staff of the camp to seek, during the period of the camp, appropriate medical attention to the camper in the event of accident, illness or injury. I/We will be responsible for all costs of medical attention and treatment, except for that covered by the camp's excess medial coverage policy.

| Signature of Parent or Guardian | Date (mm/dd/yy) |
|---|---|