

University of Richmond 2010 Girls Soccer Camp

Name: _____ Age: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Email Address: _____

Grade (Fall '10): _____

T-Shirt Size: _____ College Academy Program: _____

◇ Small

◇ Week I

Club Team: _____

◇ Medium

◇ Week II

School Name: _____

◇ Large

Position: _____

Please make checks payable to "University of Richmond". Enrollment is limited, applications will be accepted on a first come first serve basis.

MEDICAL FORM

Please send a list of all allergies or drug sensitivities for which you may need attention. Please include physician's records or statements regarding special situations.

This certifies that _____ has had a physical exam by a licensed physician and is free from any illnesses or injuries which would prevent her from participating in activities at the University of Richmond Women's Soccer Camp. I understand that soccer is an active, physical sport and that injuries can take place during camp activities.

I authorize any medical treatment that might be advised by physicians and/or sports medicine staff while my daughter is present at camp.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Name of Physician

Phone Number

Insurance Co.

Policy Number

List any allergies to medicines or food:

