MVP HEALTH CARE · TIME WARNER CABLE · ROSE AND KIERNAN, INC. INSURANCE AND SURETY BONDS · TRUSTCO BANK Your Home Town Bank · CDTA

proudly sponsor:
Siena College Summer Sports Camps

2012 Application Form

To be completed by parent or guardian. Please type or print in ink only. Please complete all sections. This form may be copied for additional applications.

Please indicate which camp(s) you are registering your child for. *A confirmation will be sent to the email address provided.*

	Camp	Dates	Fee
__	**Boy's Basketball Day I** (ages 6 – 17)	June 25 – June 29	$300.00
__	**Boy's Basketball Day II** (ages 6 – 17)	Aug. 6 – Aug. 10	$300.00
__	**Boy's Basketball Team****	June 22 – June 24 *(Commuter)*	$170.00 $100.00
__	**Boy's Basketball Elite**	Aug. 3 – Aug. 4 *(Commuter)*	$110.00 $ 75.00
__	**Baseball** (ages 8 – 17)	July 2 – July 6	$275.00
__	**Softball** (ages 8 – 17)	July 23 – July 27	$275.00
__	**Dance Camp** (ages 6 – 17)	July 16 – July 20	$275.00
__	**Boy's Lacrosse** (ages 9 – 15)	July 30 – Aug. 3	$275.00
__	**Girl's Bball Overnight** (ages 12 - 16) (ages 9 - 16)	July 22 – 26 *(Commuter)*	$450.00 $275.00
__	**Girl's Basketball Shooting** (ages 9 – 16)	June 25 - 29	$170.00
__	**Girl's Basketball Team****	July 27 – July 29 *(Commuter)*	$170.00 $100.00
__	**Girl's Lacrosse (ages 9 – 15)**	Aug. 6 – Aug. 10	$275.00
__	**Co-ed Volleyball** (ages 7 – 17)	July 30 – Aug. 3	$275.00
__	**Co-ed Soccer I (ages 6 – 17)**	July 9 – July 13	$275.00
__	**Co-ed Soccer II (ages 6 – 17)**	July 16 – July 20	$275.00

If camp is full, do you wish to be put on a waiting list? ___ Yes ___ No

Team Camp Only: ____________________ ____________________ ________________
Name of Team *Coach's Name* *Coach's Phone #*

****For team camp it is the responsibility of the coach to submit ALL applications and payments together in one envelope.**

Roommate Request (*Girl's Overnight Camp Only*)______________________________
One name only; roommate must also complete and submit registration form

____ Male Female
Last Name **First/Preferred Name** **Middle Initial** ***Please circle one***

____/____/____ _____ _______ _______ ________________
Birth date **Age** **Height** **Weight** **Home Phone #**

____
Home Address **City** **State** **Zip**

______________________________________ ____________________
School **Grade - *as of Fall 2011***

________________________________ ____________ ______________
Mother/Guardian First and Last Name **Daytime Phone** **Home Phone**

________________________________ ____________ ______________
Father/Guardian First and Last Name **Daytime Phone** **Home Phone**

Parent(s) Email: ___________________________ ______________________________

T-Shirt Size (*circle one*): ***Adult*:** **S M L XL**

Bats (*if applicable, circle one*): **Right** **Left** **Throws (*if applicable, circle one*):** **Right** **Left**

Please list the individual(s) that will be picking up your son/daughter at the conclusion of camp:

I. ____ ____________________
First and Last Name **Phone number**

____
Address

II. ____ ____________________
First and Last Name **Phone number**

____
Address

I, the undersigned, individually as parent(s) and guardian(s) of ________________________________,
Camper's name
a minor, ask that he/she be admitted to participate in this sport camp sponsored by Siena College. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Siena College, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

BOTH SIGNATURES REQUESTED:

____
Mother's/Guardian's signature

____
Father's/Guardian's signature

Your payment <u>in full</u> must accompany this form. Fax registrations must include credit card payment information.

____ **Enclosed is a check, payable to Siena College to cover the full registration fee.**

____ **Charge the full amount to my:** _____**Visa** _____**MasterCard**

____
Cardholder's name as it appears on card (please print)

____
Cardholder's signature

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ____ / ____
Card Number **Exp. Date (m/y)**
(Credit cards cannot be processed without signature and expiration date)

To apply for camp, complete ALL PARTS and mail to: **Siena College**
Office of Business Affairs
515 Loudon Road
Loudonville, NY 12211-1462
OR Fax to: **518-786-5004**

For further information, please call our Camp Hotline at (518) 783-2551 (Option 5)
OR visit our website at www.sienasaints.com/camps/sien-camps.html for online registration.

Don't forget to: Include the parental/guardian signatures on BOTH the release and medical treatment authorization.
Enclose payment in full.

HEALTH FORM

Please check camp(s) that applicant will be attending:

___Baseball **___ Dance Camp** **___Boy's Lacrosse** **___ Girl's Lacrosse**

___Soccer I **___Soccer II** **___Softball** **___Volleyball**

BOY'S BASKETBALL
___Day Camp I **___Day Camp II** **___ Elite Camp** **___Team Camp**

GIRL'S BASKETBALL
___Commuter Camp **___Overnight Camp** **___Shooting Camp** **___Team Camp**

____ ____________________________

Camper's Last Name, First Name, Middle Initial **Home Phone**

Physical Conditions that the clinician should be aware of – including allergies both food and medicine, recurring illnesses, disabilities, chronic illnesses, etc.: ____

____

____

____

Medication – list any medications camper is currently taking: ____

____

Date of most recent tetanus immunization: __________________ (if more than ten years ago, a booster shot is recommended)

Date of first MMR (Measles/Mumps/Rubella) ____/____/____ **Date of last MMR ____/____/____**

Date of last polio vaccination ____/____/____ **Date of first DTP ____/____/____**

Emergency Contact Information – who should be called in case of emergency?

____ _____________________ ____________________

Name and relationship **Daytime Phone** **Home Phone**

____ _____________________ ____________________

Name and relationship **Daytime Phone** **Home Phone**

Name of family/primary
care physician: ____ Phone number: _____________________________

Address of family/primary care physician: ____

Medical Treatment Authorization

I hereby authorize the Siena College athletic training staff and referred doctors, nurses or emergency medical personnel to provide care that includes routine diagnostic procedures (i.e. x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter ____.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians, Siena training staff, and emergency personnel to perform any necessary emergency treatment.

⇒____
Signature of parent or guardian

Insurance Information

Please indicate if applicable: ___ HMO ____PPO

____
Insurance Company Name

____
Insurance Company Address (Street Number or PO Box)

____
City State Zip

____
Insurance Company Phone Number (include area code)

____
Policyholder's Name

____
Policy Number

____
Group Number

All of Siena College sports camps are inspected twice yearly and governed by the County of Albany Department of Health. Records are available at the Dept. of Health, 175 Green St., Albany, NY 12201.