



field hockey suburban elite
Knowledge - Passion - Energy

2010 Suburban Elite Field Hockey Camp

REGISTRATION FORM

CAMP DATES: July 19th – 23rd

2010 Camp is located at Haverford College – Haverford PA

Individual Rate - \$325 + Team Rate - \$310

Deposit due by June 14th -- \$165 + BALANCES DUE BY July 2, 2010

Early Registration Discount: \$15.00 if PAID IN FULL by May 14, 2010

Late Fee: \$25 added to all Accounts not paid IN FULL by July 6, 2010

- All correspondence will be by email - please use current email addresses.
- Check email & website for updates

PAYMENT MADE (Individuals): Deposit: \$165 Paid in Full: \$325 Paid in Full by 5/14 with Discount: \$310

PAYMENT with Team Pricing: Deposit: \$165 Paid in Full: \$310 Paid in Full by 5/14 with Discount: \$295

Suburban Elite Camp Reversible Jersey Size: S M L XL

Suburban Elite Camp T Shirt: \$10 S M L XL

TOTAL PAYMENT: \$ _____ **Code #** _____

Check: # _____ VISA MASTERCARD # _____ **Exp Date:** _____

MAIL REGISTRATION FORM & WAIVER WITH PAYMENT TO: Suburban Elite PO Box 784 Ardmore, PA 19003

Players Information:

Player's Name: _____ Parents/Guardian Name: _____

Street Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parents Cell Phone: _____ Players Cell Phone: _____

School: _____ School Grade Fall 2009: _____

Years of Exp.: _____ Middle School **HS:** JV V

Contact EMAIL: _____ Position: _____

Coach's Name: _____ Coach's Email: _____

FOR OFFICE USE ONLY: Date Received _____ Amount Paid _____ Check No. _____ CC _____



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WAIVER & MEDICAL FORM

CAMP DATES: July 19th – 23rd

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Player's Name: _____ Parents/Guardian Name: _____

Street Address: _____ Birth date: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Players Cell Phone: _____

Parents Cell Phone: _____ Parents Work Phone: _____

School: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

DAY PHONE: _____ CELL PHONE: _____

Have you have any of the following: Check all that pertain to you

- Asthma - Do you use an Inhaler? Yes NO Shortness of Breath/Fainting Convulsions/Seizures
- Heart Trouble/Murmur Severe/Frequent Headaches Knee Problems Knee Surgery: _____

If any are checked - Please Describe Details: _____

Are you allergic to bees? Yes NO If yes, Do you carry and EpiPen? Yes NO

Are you taking any prescription/non-prescription drugs? Yes NO Name of Medication: _____

Do you have any drug allergies? Yes NO If yes, what? _____

Other allergies? Yes NO If yes, what? _____

Personal Physician: _____ Phone: _____

HEALTH INSURANCE COVERAGE

I, undersigned parent/guardian, hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing Suburban Elite with evidence of insurance coverage:

Parent/Guardian Signature _____ Date _____

Health Insurance Company: _____ Policy Number: _____

Name of Primary Insured: _____ Expiration Date: _____

ASSUMPTION AND RELEASE OF LIABILITY. Contact sports are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's child (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities by the Suburban Elite; (2) release Suburban Elite, and its agents, employees, staff members, officers, directors and members (collectively "Suburban Elite") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at Suburban Elite Camp; and (4) release Suburban Elite from Injury arising from any good faith acts or omissions in emergency situations. I authorize Suburban Elite, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge Suburban Elite, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I agree that you may photograph and/or videotape my child or me during sports activities and that you retain the right to use these visual images in future literature for Suburban Elite without compensation to my child or me. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting Suburban Elite. I represent that I am over the age of 18 or a parent/guardian of the minor named below, and agree that the grant and release contained there in binds me and the minor of all of its terms

Parent/Guardian Signature _____ Date _____

MEDICAL RELEASE

a) In the event of injury or sickness, I authorize Suburban Elite representatives to transport and admit the above named youth to a nearby hospital for emergency medical treatment. I authorize said Hospital to commence treatment.

b) The above named player has no known medical limitations (examples - allergies, asthma, diabetes, hearing, sight, etc.) except as follows (if none, then the word "NONE" must be written in this space): _____

Parent/Guardian Signature _____ Date _____