Duke Soccer Camp
2016 Day Camp Application

LAST Name _____FIRST Name_____Nickname_____

Date of Birth _____ Age _____ School_____

Club Team/Coach (if applicable) _____ How did you hear about us? _____

Address_____

City _____State _____ Zip Code _____

Parent/Guardian _____

Home Telephone _____Mother Cell Phone _____Father Cell Phone_____

E-mail_____
(Registration confirmation and important camp information will be emailed)
Emergency Contacts:

1) Name_____ Phone_____

2) Name_____ Phone_____

Liability Release and Indemnity Agreement
I hereby request that you accept this application for enrollment in the Duke Soccer Camp during the dates set forth in this application. I hereby release the Board of Trustees of Duke University, all its employees, and the Duke Soccer Camp and its agents from all participant claims on account of any injuries which may be sustained by me while attending the Duke Soccer Camp, and I agree to indemnify the Board of Trustees of Duke University and its employees and the Duke Soccer Camp and its agents for any claim which may hereafter be presented by me as a result of any such injuries.

Parent/Guardian Signature (required)_____ Date _____

All participants should be covered by a personal medical insurance policy. Each camper is asked to supply the policy's company name, address, number and owner. The accident insurance provided by the camp is on an excess basis.

Insurance Company_____ Policy Owner _____

Company Address _____ Policy Number _____

Medical Certification (This information must be provided before camp begins)

I hereby certify that _____ is physically fit to participate in an active soccer camp during the days of the camp for which he has registered. I know of no physical impairments which would in any manner limit his participation in such a program.

Current Medical Conditions (Asthma, Allergies, etc.):_____

Medications Currently Taking:_____

Parent's Signature_____ (required) Date _____

I give my permission for my child's photograph to be used in future brochures.

Yes No **Signature** _____ **Date** _____

SPRING BREAK DAY CAMP March 28-April 1 Ages 5-12 For Boys and Girls

_____Half-Day $150 (9:00am - Noon) _____Full-Day $250 (9:00am -4pm) _____Extended Care $30 (4-5pm)

_____I am purchasing an NIKE camp ball for $30 MALE / FEMALE (**please circle one**)

SUMMER DAY CAMP June 27-July 1 Ages 5-12 For BOYS ONLY

_____Half-Day $210 (9:00am - Noon) _____Full-Day $295 (9:00am -4pm) _____Extended Care $30 (4-5pm)

_____I am purchasing an NIKE camp ball for $30

Please make check payable to **DUKE SOCCER CAMP.**
Mail **APPLICATION, HEALTH FORM** and **FULL PAYMENT** to:
DUKE SOCCER CAMP
PO BOX 16011
Chapel Hill, NC 27516
Phone: (919) 240-5761
Email: dukesoccercamps@gmail.com