

Duke Soccer Camp

2017 Application Overnight Camp For Boys

LAST Name _____ FIRST Name _____ Nickname _____

Date of Birth _____ Age _____ Graduation Year _____

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 _____

Primary E-mail _____ Camper's Email (optional) _____

(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 _____

SESSION I July 8-10 For Boys Ages 11-18

_____ Resident (stay in dorm) - \$625 _____ Commuter - \$525 _____ Goalkeeper Position

_____ I am purchasing an NIKE camp ball for \$30 _____ Roommate Preference _____

SESSION II July 11-13 For Boys Ages 11-18

_____ Resident (stay in dorm)- \$625 _____ Commuter - \$525 _____ Goalkeeper Position

_____ NIKE camp ball for \$30 _____ Night in-between 2 sessions \$135 _____ Roommate Preference _____

Please make checks 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