

# Duke Soccer Camp

## 2020 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 5-7 For Boys Ages 11-18

\_\_\_\_\_ Resident (stay in dorm) - \$650 \_\_\_\_\_ Commuter - \$550 \_\_\_\_\_ Goalkeeper Position

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

### SESSION II July 8-10 For Boys Ages 11-18

\_\_\_\_\_ Resident (stay in dorm)- \$650 \_\_\_\_\_ Commuter - \$550 \_\_\_\_\_ 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**  
**Email: dukesoccercamps@gmail.com**