

**SUMMER CAMP REGISTRATION**

**Mail all forms and checks to:**

**Francis Okaroh**

**23 Paquin Dr.**

**Marlborough, MA 01752**

**Francis Okaroh's Ultimate Soccer Academy**

**Registration Application: Open to Ages 8-19**

**Dates: August 2-7, 2020**

**Overnight Sunday- Friday: Check in between 12-1pm Sunday/Pick Up 1-2pm Friday**

**Cost: \$725 before May 1st    After July 1st \$750    Day of Camp \$775**

**Day Campers \$600 (includes 2 meals lunch/dinner)**

**\*\*\$500 Non-refundable deposit**

**Cost for all Specialized Training sessions and Week long camp \$1300**

**Name: \_\_\_\_\_ Current grade : \_\_\_\_\_**

**Email: \_\_\_\_\_ Gender: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Contact Information Parent Name(s):**

\_\_\_\_\_

**Daytime Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_**

**Insurance Information Medical Insurance Carrier: \_\_\_\_\_**

**Policy# \_\_\_\_\_**

**Team Name: \_\_\_\_\_**

**SUMMER CAMP REGISTRATION**

**Mail all forms and checks to:**

**Francis Okaroh**

**23 Paquin Dr.**

**Marlborough, MA 01752**

**T Shirt Size**

Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_

Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_

**Ball Size**

Size 4

Size 5

**Medical Information**

**PARENT'S AUTHORIZATION** If my child were to become injured or develop an illness, I authorize the medical staff hired by Francis Okaroh's Ultimate Soccer Academy to evaluate, treat and/or transport my child to the nearest Hospital/Medical Facility and/or a local physician if required. In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that Francis Okaroh's Ultimate Soccer Academy and the New Hampton School, or anyone associated with Francis Okaroh's Ultimate Soccer Academy is not responsible for accidents resulting in medical, dental or other expenses.

Parents will be notified if the above situation were to occur.

**MEDICATION AUTHORIZATION** I do \_\_\_\_\_ do not \_\_\_\_\_ give permission to the medical staff hired by the Francis Okaroh's Ultimate Soccer Academy to administer appropriate over the counter medication such as Tylenol, Advil, Pepto-Bismol, etc. to my child while he/she is attending camp.

**PRESCRIPTION MEDICATION** Please specify any medication that you will be sending with your child. Please send all medications in their appropriate prescription bottles and send only the exact amount that will be required during your child's stay.

---

---

---

---

**Allergies:**

---

---

**SUMMER CAMP REGISTRATION**

**Mail all forms and checks to:**

**Francis Okaroh**

**23 Paquin Dr.**

**Marlborough, MA 01752**

---

---

**Other Information:**

---

---

---

---

**Signature(Required)**\_\_\_\_\_ **Date**\_\_\_\_\_

I attest that the information on this medical form is true to the best of my knowledge and that I have answered every question, leaving no questions blank.

**Updated Physical MUST BE PROVIDED to camp staff.**

**WAIVER OF LIABILITY**

I, \_\_\_\_\_ (participant) admit that I have voluntarily applied to attend Francis Okaroh’s Ultimate Soccer Academy. In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Francis Okaroh’s Ultimate Soccer Academy, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. Parental Consent (Complete if applicant is under 18) I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf. Consent for Treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Francis Okaroh’s Ultimate Soccer Academy will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Date: \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ (print name) \_\_\_\_\_ (Signature)

**Player** \_\_\_\_\_ (print name) \_\_\_\_\_ (Signature)