



RUTGERS WOMEN'S SOCCER

RUTGERS UNIVERSITY HIGH SCHOOL TEAM CAMP

How to Enroll

Last Name	First Name	M.I.	
Address	City	State	Zip
Home Phone	Grade Next Fall	D.O.B.	
Cell Phone	*Email		

HIGH SCHOOL TEAM CAMP \$595 [] July 29-August 2

HIGH SCHOOL TEAM _____ **FREE AGENT** _____

TEAM REPRESENTATIVE _____ **N/A** _____

TEAM REP EMAIL/PHONE _____ **N/A** _____

ROOMMATE CHOICE _____

(Please Choose **ONLY 1**)

CLUB TEAM _____

CHECKS PAYABLE TO GCMO SOCCER SCHOOL

PLEASE SEND CHECK AND APPLICATION TO:

Glenn Crooks/Michael O'Neill Soccer School
PO Box 11725,
New Brunswick, NJ 08906-1725



RUTGERS WOMEN'S SOCCER

PLEASE FILL OUT AND BRING TO CAMP – DO NOT MAIL

MEDICAL FORM

Name: _____ Camp Week: _____
Parents/ Guardians: _____
Home Phone Number: _____ Work Phone Number: _____
Emergency Contact: _____ Phone Number: _____

MEDICAL HISTORY INFORMATION

Is there a known history of:

- | | | |
|--|----------|---------|
| A. Birth Deformities (one eye, one kidney, etc) | Yes_____ | No_____ |
| B. Medical Conditions currently under treatment | Yes_____ | No_____ |
| C. Pre-Existing injury currently under treatment | Yes_____ | No_____ |
| D. Fractures or other disability type injuries | Yes_____ | No_____ |
| E. Allergy (drugs, food, asthma, etc) | Yes_____ | No_____ |
| F. Mental Disorders of convulsions | Yes_____ | No_____ |
| G. Contact lens or glasses | Yes_____ | No_____ |

Explain above questions answered "Yes"

IMMUNIZATION

DATE

- | | |
|---------------|-------|
| 1. Tetanus | _____ |
| 2. Polio | _____ |
| 3. Measles | _____ |
| 4. Mumps | _____ |
| 5. Diphtheria | _____ |
| 6. Rubella | _____ |

(If there is a religious objection to immunization of a child, a written statement should be signed and submitted by the parent/ guardian.)

I hereby certify that the above information is correct to the best of my knowledge.

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions, and even death. In the event of an injury, I authorize the Athletic Trainer, Nurses, Doctors, and emergency personnel to administer First Aid or care as deemed necessary.

We, the undersigned, for ourselves, or heirs, executors, and administrators, waive, release and forever discharge the Glenn Crooks Soccer School, L.L.C. at Rutgers, it's staff, officers, agents, representatives, employees, successors and assignees of and from any and all rights and claims for damages to person or property during activities or while at camp site.

Parent/ Guardian Signature

Date