



**RUTGERS WOMEN'S SOCCER**

**How to Enroll**

|                   |                        |              |               |
|-------------------|------------------------|--------------|---------------|
| <b>Last Name</b>  | <b>First Name</b>      | <b>M.I.</b>  |               |
| <b>Address</b>    | <b>City</b>            | <b>State</b> | <b>Zip</b>    |
| <b>Home Phone</b> | <b>Grade Next Fall</b> |              | <b>D.O.B.</b> |
| <b>*Email</b>     |                        |              |               |

**RU OVERNIGHT CAMP: July 8-12**

Overnight \$595     Extended Day \$425     Day \$325

**Team Contact and email/phone (if applicable)** \_\_\_\_\_

**HS Name** \_\_\_\_\_

**CAMP BALL (\$30)**  (Payment **MUST** accompany application)

**ROOMMATE PREFERENCE (if applicable) – 2 Campers/room** \_\_\_\_\_

**CAMP DEPOSIT – 50% of applicable camp fee (Must accompany application)** \$ \_\_\_\_\_

**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



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**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