



**RUTGERS WOMEN'S SOCCER**

**RUTGERS UNIVERSITY HIGH SCHOOL TEAM CAMP**

**How to Enroll**

**Last Name**

**First Name**

**M.I.**

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**Address**

**City**

**State**

**Zip**

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**Home Phone**

**Grade Next Fall**

**D.O.B.**

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**Cell Phone**

**\*Email**

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**HIGH SCHOOL TEAM CAMP \$570 [ ] July 31-August 4 (Deposit of \$300 due March 15)**

**HIGH SCHOOL TEAM** \_\_\_\_\_

**TEAM REPRESENTATIVE** \_\_\_\_\_

**TEAM REP EMAIL/PHONE** \_\_\_\_\_

**ROOMMATE CHOICE** \_\_\_\_\_

**CLUB TEAM** \_\_\_\_\_

**CHECKS PAYABLE TO GCMO SOCCER SCHOOL AND GIVEN TO TEAM REPRESENTATIVE**



**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