

2019 Detroit Lakes Soccer Camp Registration Form

PLEASE PRINT CLEARLY

First _____ Last _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Grade _____ Age _____ Gender _____ T-shirt size (YS, YM, YL, AS, AM, AL) _____
In an emergency, if parents cannot be contacted, notify:
Name _____ Relationship to Camper _____
Cell Phone _____ Home Phone _____

Camp Options:

- 1. June 10 - 13 – Youth Camp - 9:00-11:00 am** --- ages 5-18 boys and girls; \$75 (returned before May 20), \$85 (after May 20)
- 2. June 11-14 – Youth Camp – Half Sessions (ages 5-6 only) -- \$40**

Send check payable to DW Enterprises and mail to 190 Shorewood Dr, Detroit Lakes, MN 56501.

Certification of Physical Fitness to Participate:

I understand that participating in any sport, including camp there is a risk of injury which could result in serious or permanent injury, paralysis, or death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the camp coaches.

By signing below, I certify the following:

My child is not currently under any care of a physician for an injury or illness that would prevent his/her safe participation in the camp.

My child has no history of fainting or any other problems related to strenuous exercise.

I declare that my child is in good health and there is no reason he or she cannot safely participate in any strenuous physical activity.

Parent/Guardian Signature _____ Date _____

See Opposite Page to Complete Consent and Release

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Consent:

By signing below, I hereby give permission for the camp director and staff to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the camp.

Parent/Guardian Signature _____ Date _____

Release:

In consideration for accepting my child into camp, which uses university facilities, I hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp.

By my signature, I agree to release and promise not to use the Commonwealth of VA, Christopher Newport University or their employees or agents for any damages, loss, injury or death arising from my child's participation in camp, unless such damages, loss, injury or death are caused by gross negligence or intentional gross misconduct of such employees.

Parent/Guardian Signature _____ Date _____

Health History:

Allergies: _____

Drug Allergies/Sensitivities _____

Asthma _____

Heat Illness/Exhaustion _____

Operations, Serious Illnesses, Injuries _____

List any special diet required and why _____

List any current medications and why _____