

Connecticut Elite Field Hockey Camp Registration

Phone: 888-594-2315

To enroll, print this form. **Complete and return along with a check for a deposit of \$200.00** made payable to the Connecticut Elite Field Hockey Camp. Total fee is \$495 for Team registration (10 or more) and \$505 for Individual registration. Form will not be accepted without deposit and signatures. Mail to:

Connecticut Elite Field Hockey Camp, LLC
P.O. Box 728
Storrs, CT 06268

Check the camp session you are registering for:

_____ July 17-20, 2010 _____ July 22-25, 2010 _____ July 28-31, 2010

Please Print:

Name of Camper: _____

Name of Parent/Guardian: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: _____ List any food allergies: _____

Email address (parent/guardian): _____

High School _____ Coach: _____

Grade entering in 2010 _____ Roommate _____
please list only one roommate; there are NO triples!

Position: Field Player _____ or Goalie _____ (check only one)

Years of Experience: ____ Varsity ____ Junior Varsity ____ Junior High/Middle School

Waiver Statements

All campers must have their own medical coverage. The Camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper.

PLEASE PRINT THIS IMPORTANT INSURANCE INFORMATION CLEARLY

Camper's Insurance Company _____

Policy Number _____

I/We the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek during the period of the Camp appropriate medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical coverage policy.

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Connecticut Elite Field Hockey Camp, LLC and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injury, or loss is due to negligence. I/We the undersigned fully understand that the University of Connecticut will not be held liable for any occurrence at camp.

Date

Camper's Signature

Date

Parent's Signature