

PAUL HARBIN'S GIRLS SOCCER CAMPS AT UAB • 2010 CAMP APPLICATION

CAMPER'S NAME _____

AGE AT CAMP _____ DATE OF BIRTH _____

GRADE NEXT FALL _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

PARENT'S NAME _____

PARENT'S EMAIL _____

SCHOOL NAME _____

CLUB TEAM NAME _____

CIRCLE T-SHIRT SIZE YS YM YL AS AM AL AXL

DAY CAMP AT UAB (JUNE 28 – JULY 1)

DAY CAMPER: \$215.00

ADVANCED CAMP AT UAB (JULY 18-22)

RESIDENT \$505.00

COMMUTER \$455.00

ELITE CAMP AT UAB (JULY 18-22)

RESIDENT \$545.00

GOALKEEPER CAMP AT UAB (JULY 18-22)

RESIDENT \$545.00

TEAM CAMP AT UAB (JULY 22-25)

RESIDENT \$395.00

COMMUTER \$345.00

For residential campers, please indicate below if you have roommate/suitemate preferences.

1. (Roommate) _____

1. (Suitemate) _____

2. (Suitemate) _____

I have enclosed \$25.00 for a Nike Soccer Ball.

Mail To:

Paul Harbin's Girls Soccer Camps

423 Woodland Drive

Birmingham, AL 35209

MEDICAL INFORMATION

MEDICAL INSURANCE COMPANY NAME & POLICY # _____

FATHER DAYTIME # _____

FATHER CELL # _____

MOTHER DAYTIME # _____

MOTHER CELL # _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED PLEASE NOTIFY:

NAME _____

RELATIONSHIP _____

PHONE: _____

FAMILY DOCTOR _____

PHONE _____

KNOWN ALLERGIES:

ASTHMA _____

DIABETES _____

CONTACT LENS _____

LAST TETANUS SHOT OR BOOSTER _____

LIST OF MEDICATIONS CURRENTLY TAKING _____

I, the undersigned Parent/Guardian of the registered participant acknowledge that I understand and hereby consent as follows:

I understand and acknowledge that there are some risks involved in participation, including but not limited to risk of physical injury, and that I have been informed of these risks and agree to release and discharge Paul Harbin's Girls Soccer Camps, its employees and agents and The Board of Trustees of the University of Alabama ("the Board"), The University of Alabama at Birmingham ("UAB"), their officers, directors, employees and agents from any and all liability, claims, demands and causes of action or other loss suffered by the participant in connection with participation in the camp excepting only liability, claims and expenses arising out of the sole negligence of Paul Harbin's Girls Soccer Camps, the Board, UAB or the officers, directors, employees and agents thereof.

I warrant and represent, to the best of my knowledge and belief, that the participant is healthy and able to participate in the camp, and I agree to notify camp administrators of any allergies or other physical, mental or emotional condition that might limit the participant's ability to safely participate in the camp activities.

I give permission to Paul Harbin's Girls Soccer Camps, its trainers or other staff members and agents to provide such emergency care and treatment to the participant, as in their judgment may be deemed necessary or advisable in the event that the participant should require emergency care while participating in the camp. I agree to assume the costs of such emergency care and treatment, if any such costs are incurred.

Parent/Guardian Signature

Date