

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Age: _____
 Emergency Phone: _____ Entering grade _____ in Fall '09
 E-mail Address: _____
 T-shirt size: YL Adult S M L XL

2009 BUFFALO BOY'S SOCCER CAMPS

Please indicate the camp(s) you are registering for:

- BULLS CAMP** June 28 - July 2 \$195
 JUNIOR BOOTERS CAMP June 28 - July 2 \$95
 YOUNG BULLS CAMP July 13-17 \$195
 HIGH SCHOOL ELITE CAMP July 16-19
 Commuter \$295 Overnight Camper \$350
 STRIKER ACADEMY July 27-30 \$95

GOALKEEPER TRAINING

- June 28-July 2:
 Full Day (ages 11-17) \$195
 Half Day (ages 7-10) \$95
 July 13-17:
 Full Day (ages 9-12) \$195
 July 27-30:
 Half Day (ages 11-17) \$95

*Total enclosed \$ _____

Full payment must accompany registration form. Payments are non-refundable unless camp exceeds maximum enrollment or is cancelled. Balance must be received before camp starts. All registrations received are on a first come-first served basis.

I hereby request that my child be admitted to the UB Soccer Camp and authorize the directors or any member of the staff to act for me according to their best judgement in any emergency requiring medical attention for which I will pay all costs. I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse.

Parent/Guardian signature

Date



Register online at www.ubcamps.com
 or mail application, payment and completed medical form to:

University at Buffalo Boy's Soccer Camp
 University at Buffalo
 121 Fargo Building • Buffalo, New York • 14261

Please complete this application carefully and fill out all of the information.
 Your admittance to the camp may be delayed if the information is incomplete.

Name: _____

Date of Birth: _____ Sex: _____ Age: _____

Health History: Please list ANY allergies, disease, medications, special needs, restrictions and/or limitations. Please include a separate sheet if you need more space.

List date(s) of immunization against the following:

- | | |
|------------------------------------|---------------------|
| _____ Diphtheria | _____ Poliomyelitis |
| _____ Haemophilus Influenza Type B | _____ Rubella |
| _____ Measles | _____ Tetanus |
| _____ Mumps | _____ Varicella |

Family Physician's Name: _____

Physician's Phone Numbers: _____ (Day) _____ (Evening)

Parent/Guardian Health Insurance Company: _____

Policy Number: _____

Address: _____

Parent/Guardian Authorization:

This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above.

My son/daughter has had a physical recently and may participate in all activities at the UB Camp. I give permission for my son/daughter to be treated by a certified athletic trainer or licensed physician. I further agree that the UB Camp staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

Parent/Guardian Signature (Required)

Date