

# 2009 The ULTIMATE Overnight Blue Hen Field Hockey Camp Registration Form

## PART 1. PLAYER INFORMATION

STUDENT'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ GRADE TO BE ENTERED IN THE FALL \_\_\_\_\_ (MUST BE AT LEAST 9TH GRADE)  
HIGH SCHOOL \_\_\_\_\_ FIELD HOCKEY POSITION \_\_\_\_\_  
E-MAIL ADDRESS (required for confirmation) \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMERGENCY PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLACE NUMBER OF YEARS EXPERIENCE IN BLOCKS  VARSITY  JV  JUNIOR HIGH  
T-SHIRT SIZES: UNISEX  MEDIUM  LARGE  X LARGE

ANYONE WISHING TO MAKE FULL PAYMENT MAY DO SO. AFTER JUNE 16, 2008 FULL PAYMENT REQUIRED.

ENCLOSED IS MY CHECK FOR FULL PAYMENT OF:  \$465.00 Overnight  \$395.00 Commuter  
ENCLOSED IS MY CHECK FOR THE DEPOSIT OF:  \$200.00 Overnight  \$200.00 Commuter

### DEPOSITS ARE NON-REFUNDABLE (see PAYMENT POLICY)

If you pay only the deposit, the balance due at check-in is: \$265.00 FOR OVERNIGHT -OR- \$195.00 FOR COMMUTER

Make Check Payable to: CAROL MILLER, T.A.

Mail Check and this Form to: BLUE HEN FIELD HOCKEY CAMPS, 472 HAYSTACK DRIVE, NEWARK, DE 19711

## PART 2. EMERGENCY HEALTH INFORMATION

PARENT #1 NAME \_\_\_\_\_ DAY PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT #1 PLACE OF EMPLOYMENT \_\_\_\_\_

PARENT #2 NAME \_\_\_\_\_ DAY PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT #2 PLACE OF EMPLOYMENT \_\_\_\_\_

IF PARENT OF GUARDIAN CANNOT BE REACHED CALL: \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MY FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### MEDICAL HISTORY (EXPLAIN THOROUGHLY ANY YES RESPONSES-Enclose note for longer explanations.)

Any medical conditions currently under treatment? \_\_\_\_\_

Any pre-existing injury currently under treatment?: \_\_\_\_\_

Any Asthma and/or allergies (including drugs, food etc.)? \_\_\_\_\_

Any mental disorders or convulsions? \_\_\_\_\_

Any Past illness of more than one week in duration? \_\_\_\_\_

Contact lenses or glasses? \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL INFORMATION & AUTHORIZATION TO PARTICIPATE -- REQUIRED FOR ADMISSION:

\_\_\_\_\_ has been examined within the last 12 months and no medical reason has been found that she/he cannot participate in this camp. Her/his records show that all immunizations are up to date. Date of last tetanus and diphtheria immunization \_\_\_\_\_, (If more than ten years ago, a booster is recommended).

I agree that in case of an accident involving my child while attending this camp and with full awareness that field hockey is an activity that may involve risk of injury, I release the Blue Hen Field Hockey Camps; TA Carol Miller and the University of Delaware from any and all liability for any injuries or illnesses incurred while at camp. In case of an emergency, I give permission to the appropriate summer camp personnel to have my child properly transported to a medical facility for care. I understand that the Blue Hen Field Hockey Camp; TA Carol Miller and the University of Delaware does not provide medical insurance and that I will be responsible for all medical expenses incurred.

This camp has adopted the following procedures in caring for your child when she/he becomes sick or injured while attending camp. (1) The camp will call home, if there is no answer (2) The camp will call the father's, mother's or guardian's place of employment, if there is no answer (3) the camp will call the other phone numbers listed and the physician. (4) If none of the above answer, the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (5) Based upon the judgment of the attending physician, the child may be admitted to a local medical facility (6) The camp will continue to call the parents, guardian and physician until one is reached. If I cannot be reached and the camp authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on medical judgment of the attending physician.

By signing below, I agree to all the terms detailed above.

\_\_\_\_\_, \_\_\_\_\_, 2009  
PARENT/GUARDIAN SIGNATURE DATE

**POLICIES:** THE BLUE HEN ELITE FIELD HOCKEY CAMP, ITS DIRECTOR AND THE DIRECTOR'S ASSISTANT, RESERVE THE RIGHT TO REJECT ANY APPLICATION. THE BLUE HEN ELITE CAMP, ITS DIRECTOR AND THE DIRECTORS ASSISTANT, ALSO RESERVES THE RIGHT TO DISMISS ANYONE FROM CAMP WHO HAS ACTED INAPPROPRIATELY DURING THE CAMP. A CAMPER WHOSE BEHAVIOR HAS BEEN DEEMED INAPPROPRIATE AND/OR DOES NOT ABIDE BY CAMP RULES, WILL BE REQUIRED TO DEPART CAMP AS SOON AS PARENTS HAVE BEEN INFORMED AND TRANSPORTATION IS SECURED. ANY TRAVEL EXPENSES INCURRED ARE THE RESPONSIBILITY OF THE CAMPER AND/OR HER PARENTS.

THE BLUE HEN FIELD HOCKEY CAMPS ARE INDEPENDENTLY RUN AND NOT UNIVERSITY OF DELAWARE PROGRAMS.

**PAYMENT POLICY:** payment of \$200.00 (nonrefundable) must accompany this registration form in order to secure a slot in camp. The balance is due at time of registration (\$265.00 for overnight and \$195.00 for commuter). If application is post marked after June 16 full payment is required!