2024 CAMP APPLICATION PAGE 1

WESTERN NEW ENGLAND SOCCER ACADEMY

CAMP DATES ATTENDING
□ 7/8 –7/12
□ 7/15 - 7/19

*According to Massachusetts General Law 105 CMR 430.000 ALL CAMPERS MUST SUBMIT, IN COMPLETION, BOTH SIDES OF THIS HEALTH FORM or a Health Care Recommendation form by a Licensed Medical Provider.

CAMP TUITION: $310

***NOTE!* INDICATE T-SHIRT SIZE**: □YM □YL □AS □AM □AL □AXL

SECTION I (to be completed by Parent/Guardian)

PARTICIPANT: □M □F Grade Entering: ____________

Email Address:____ *All Camp Correspondence will be sent by email - Please PRINT

Name:____Birth Date:___________________________
First Middle Last Month Date Year

Address:____ City:________________________________State:_________ Zip:_________________

Guardian Is: Father______ Mother_______ Other_____________ Guardian Name:____

Guardian Phone: (Day)____Guardian Phone: (Evening)____

Guardian Address (if different)____ City________________________ State________ Zip______________

In case of illness or emergency the name and telephone number of a person to contact: (Relative of Participant)

Name:____ Relationship: _________________________Telephone Number: _____________________

SECTION II: Family Physician or HMO:

Name:____Address:____

City:____State_____________ Zip___________ Telephone: (Day)_______________________________________

Family Dentist:

Name:____Address:____

City:____State_____________Zip____________ Telephone: (Day)_______________________________________

Medical Insurance Company: **REQUIRED – *NOTE! PLEASE SIGN BOTH SECTIONS BELOW!!!***

Company:____***Policy Number:____

In case of medical emergency, I hereby give permission to the Camp Certified Athletic Trainer to hospitalize, to secure proper treatment for, and/or to order injection or minor surgery for my child as named above.

____

Parent Signature REQUIRED ABOVE Date

SECTION II: CAMP ACTIVITIES AUTHORIZATION
I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The Western New England Soccer Academy, - Western New England University, and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occur during participation in Camp activities or while at camp.

____

Parent Signature REQUIRED ABOVE Date

Please Print & Complete BOTH (2) PDF Application Forms (MA State Health Forms are acceptable)
$75 non-refundable deposit required. Mail With Check Made Payable To:
Western New England Soccer Academy: 114 Evergreen Drive East Longmeadow, MA, 01028

****Please note personal checks will not be accepted at registration on the first day of camp****

2024 CAMP APPLICATION PAGE 2

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SECTION III: Physical Examinations

(Must have been done by a medical provider within the preceding 24 months).

Medical History: (Please note significant disorders)

Allergies_______________ Heart________________ Tuberculosis________________
Kidney________________ Lung________________ Diabetes ___________________
Varicella _______________ Disabilities____________ Neurological________________
Whooping Cough________________ Other:____________________________________

Pertinent Medical History:____
____

Child Name:____ Birth Date:____ Summary of Significant Treatment Program including Names/dose of Medications to be used while at program:

(Medications MUST be in a container with the original label)

Health Care Provider/Physician:

____
Signature and /or Stamp Required

Date:____
Printed Name:____
Address:____
City:____
State____________ Zip____________Telephone: (_______) ____________________

Person herein described has permission to engage in all prescribed camp activities EXCEPT as noted here:

SECTION IV: Immunizations

Has completed primary series of tetanus/diptheria? (four doses)
Yes______________ No_____________
Primary Series - Type of Vaccine OVP IPV E-IPV ______/_____/_____
Laser Booster - Type of Vaccine OVP IPV E-IPV ______/_____/______

Immunization	Dates
Diptheria/tetanus (Td) Must be within last ten years	______/______/_____
Measles #1 (Rubella, Red measles) Must be AFTER age 12 months or	______/______/_____
MMR #1 or Positive Measles Titer (Blood Test)	______/______/_____
Measles #2 (rubella, Red Measles) Must be at least 30 days AFTER first dose or MMR#2	______/______/_____ ______/______/_____
Mumps or MM#1 Must be AFTER age 12 months or Positive Mumps Titer (Blood Test)	______/______/_____ ______/______/_____
Rubella (German Measles) or MMR #1 Must be AFTER age 12 months or Positive Rubella Titer (Blood Test)	______/______/_____ ______/______/_____
Hepatitis B - those born AFTER 1-1-92 Dose #1 Dose #2 Dose #3	 ______/______/_____ ______/______/_____ ______/______/_____

Medical Exemption: The above named person does not have one or more of the required immunizations because she/he has medical problem (s) that precludes the ___________ ____________________________________ vaccine (s).

We Provide

Experienced Coaches • Indoor and outdoor facilities • Superior Soccer Fields • T-shirt for Every Camper* • Certified Athletic Trainer on Staff • Swimming Pool with Life Guards on duty • The most Instructional time of any area day camp! •

You Supply

An attitude to Learn! • Cleats or Sneakers • Shin Pads • Soccer Ball • Swim Gear and Towel • Indoor Shoes in Case of Rain.

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