

Please Enroll:

First Name:

Last Name:

Gender: Please select one

Age as of camp date:

DOB in mm/dd/yy:

Position: Please select one

Select Session: Please click and select One

My child would like to participate in the ROUND TRIP transportation from Hamden, CT to New Hampton School, NH for \$75.00 per camper (circle one after application is printed) : YES NO

Parent Information:

First Name:

Last Name:

Contact Phone Number:

Email Address:

Street Address:

City:

State:

Zip Code:

Additional Information:

Roommate request:

How did you hear about our camp

Emergency Treatment Info (required):

In case of an injury, I give my permission for a qualified nurse or doctor to give immediate care to:

(Campers Name)

Parent Signature \_\_\_\_\_ dated \_\_\_\_\_

Emergency Telephone #:

Family Insurance Company and Policy #:

Parental Consent (required)

My son/daughter \_\_\_\_\_ has my permission to participate in all camp activities.

Parent Signature \_\_\_\_\_ dated \_\_\_\_\_

NOTE: Medical information must be submitted before child begins camp. The Medical form available on this web site under "Forms" menu.

Print out application, sign where necessary and send to the below address with a \$100 deposit:

Championship Soccer Camp  
69 Riverside Dr.  
Hamden, CT 06518