



# Sign up for your MLS CAMP



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MLScamps.com

Competitive Program of Canfield Soccer

<p><b>DATES:</b> August 3<sup>rd</sup> – August 7<sup>th</sup> 2009</p> <p><b>LOCATION:</b> Niles Wellness Center</p> <p><b>Program:</b> Competitive Team Camp</p> <p><b>Ages:</b> U9 to U15</p> <p><b>Time:</b> 9 am – 12 pm or 1 pm – 4 pm</p> <p><b>Cost:</b> Included with competitive fees</p>	<ul style="list-style-type: none"> <li>• Campers receive a ball, t-shirt and player evaluation</li> <li>• Shinguards and water bottle required</li> <li>• To house a coach the week of camp 330-702-0408 or email <a href="mailto:coachmancini@yahoo.com">coachmancini@yahoo.com</a></li> </ul> <p><b>REGISTRATION:</b> Return registration to your coach. Coaches turn in registrations to Frank Mancini</p> <p><b>FOR MORE INFORMATION:</b> Tel: 330-702-0408 or email <a href="mailto:coachmancini@yahoo.com">coachmancini@yahoo.com</a></p>
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**Registration Form.** NOTE: A \$35 fee will be applied to refunds from cancellations. To register siblings, photocopy this registration page.  
 \_\_\_ Contact me with info on housing a coach during the week of camp **\*\*Complete and return with payment to your program manager listed above.**

**PLAYER INFORMATION:**

<b>Name:</b>				<b>Date of Birth:</b>	
<b>Grade as of Sep. 09:</b>		<b>Age:</b>		<b>Sex:</b>	
<b>Number of Years Played:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

**PARENT/GUARDIAN AND EMERGENCY CONTACT:**

<b>Parent/Guardian Name:</b>					
<b>E-Mail Address:</b>					
<b>Home Ph:</b>		<b>Work Ph:</b>		<b>Cell Ph:</b>	
<b>Add'l Emergency Contact:</b>					<b>Relationship:</b>
<b>Home Ph:</b>		<b>Work Ph:</b>		<b>Cell Ph:</b>	
<b>Family Doctor:</b>				<b>Doctor's Phone:</b>	

ALLERGIES: (List all known)	Allergen	Reaction	Management
Medication			
Food			
Other			

**MEDICATIONS BEING TAKEN:** Please list all medications (including over the counter or non prescription drugs) taken routinely. Bring enough meds to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication. This person takes NO medications on a routine basis (circle one) Yes No

This person takes medications as follows:	Med 1	Dosage	Frequency	Reason
	Med 2	Dosage	Frequency	Reason

**GENERAL QUESTIONS:** (Circle Yes or No, and explain additional information on separate sheets)

Ever been hospitalized?	Y N	Ever had surgery?	Y N	Have frequent headaches?	Y N
Ever had a head injury?	Y N	Ever had ear infections?	Y N	Ever had back problems?	Y N
Skin problems? (e.g., itching, rash, acne)	Y N	Have asthma?	Y N	Had mononucleosis in the last 12 months?	Y N
Had problems with diarrhea/constipation?	Y N	Ever had an eating disorder?	Y N	Ever had emotional difficulties for which professional help was sought?	Y N

Board of Health requires medical history and immunization records. By checking this box I understand to bring these to the first day of camp.

**PROGRAM DETAILS:** Check the front of this flyer for the equipment included in your camp fee

<b>Name of Local Sponsoring Organization</b>	Competitive Program Canfield Soccer		
<b>Name of Camp Program:</b>		<b>Date:</b>	<b>Time:</b>
<b>2nd Camp Prog. (if applicable)</b>		<b>Date:</b>	<b>Time:</b>

**EQUIPMENT:** Check one, if applicable

Shirt YS YM YL AS AM AL AXL      Ball  3 (5-7 yr)  4 (8-11 yr)  5 (12+)

**RELEASE.** This release is made to allow my child to participate in MLS Camps and its sponsored events. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Major League Soccer Camps, Major League Soccer, L.L.C., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp and its sponsored events. I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_