***EAST COAST SOCCER***

***COLLEGE ID CAMP***

**Friday, July 15th and 16th, 2016**

Clinic is open to anyone in grades 8-12
**Registration ends June 25th**

#### **Players Name: Grad Year/Position:**

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**City: State:**

**Zip Code:**

**Home Phone: Email: Club Team: Coach: Club Coach Email: Club Coach Cell #:**

**Emergency Contact: --------------- Phone#: \_**

***Parent or Guardian Signature:* Date:**

**Fee**: $425 ($200 deposit required)

**Make Checks Payable to**: RUWFC

#### Please mail registration form, medical form and payment to:

Rutgers Women's Soccer *2016 East Coast ID Clinic* 83 Rockafeller Road

Piscataway, NJ 08854

\*\*Please fill out the Medical Release form and send it with the Registration form and payment. *A*

Confirmation email will be sent once your registration has been received and processed\*\*

If you have any questions please email RUWFC@scarletknights.com

**Open House/ ID Clinic Medical Form**

Name:

Camp \Veek: \_

Parents/ Guardians: ----------------------------------

Home Phone Number: ----------

\Vork Phone Number: ------------

Emergency Contact: Phone Number: \_

MEDICAL HISTORY INFORMATION

Is there a known history of:

1. Birth Deformities (one eye, one kidney, etc)
2. Medical Conditions currently under treatment
3. Pre-Existing injury currently under treatment
4. Fractures or other disability type injuries
5. Allergy (drugs, food, asthma, etc)
6. Mental Disorders of convulsions
7. Contact lens or glasses

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Explain above questions answered "Yes" ---------------------------- IMMUNIZATION 

* 1. Tetanus
	2. Polio
	3. Measles
	4. Mumps
	5. Diphtheria
	6. Rubella

(If there is a religious objection to immunization of a child, a written statement should be signed and submitted by the parent/ guardian.)

I hereby certify that the above information is correct to the best of my knowledge.

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions, and even death. Inthe even of an injury, I authorize the Athletic Trainer, Nurses, Doctors, and emergency personnel to administer First Aid or care as deemed necessary.

\Ve, the undersigned, for ourselves, or heirs, executors, and administrators, waive, release and forever discharge the Glenn Crooks Soccer School, L.L.C. at Rutgers, it's staff, officers, agents, representatives, employees, successors and assignees of and from any and all rights and claims for damages to person or property during activities or while at camp site.

Parent/ Guardian Signature Date