

APPLICATION FOR ENROLLMENT

This form must be completed in full prior to registration to allow camp participation.

Please send all applications with payment and your camp registration form to:

Johnny Torres/Creighton Soccer Academy, 2500 California Plaza, Omaha, NE 68178, as soon as possible - space is limited.

Name <i>(Last, First, M.I.):</i>			DOB:		
Email:					
Address:			City:	State:	Zip:
Age:	Grade:	Graduation Year:			
I would like to room with (Two campers per room only):					
Position (please check one):		<input type="checkbox"/> Field Player	<input type="checkbox"/> Goalkeeper		
T-Shirt Size (please check one):		<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
Ball (Size 5 only) +\$35:		<input type="checkbox"/> Yes	Airport Shuttle:	<input type="checkbox"/> One Way +\$5	<input type="checkbox"/> Round Trip +\$10

PERSONAL HEALTH HISTORY

Allergic Reactions:	Present Medications:
Date of last Tetanus Toxoid:	
List any medical problems that other doctors have diagnosed	

EMERGENCY CONTACT

Father:	Home:	Work:	Cell:
Mother:	Home:	Work:	Cell:
Insurance Company:		Policy Holder:	

CAMP SELECTION

Junior Elite Camp: Ages 12-14	<input type="checkbox"/> June 10-12	<input type="checkbox"/> Overnight (\$325)	<input type="checkbox"/> Commuter (\$275)
Senior Elite Academy: Ages 14-18	<input type="checkbox"/> June 29-July 1	<input type="checkbox"/> Overnight Only (\$400)	
College ID Academy: Ages 14-18	<input type="checkbox"/> July 15-17	<input type="checkbox"/> Overnight Only (\$550)	

DISCLAIMER & SIGNATURE

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (name of camper). I hereby give per-mission for the Camp staff to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment. I, the undersigned, understand that Creighton Soccer Academy is an active, physical sport and that injuries can often occur during participation at Camp. I also understand that there will be more campers than staff at the Camp, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities. I, the undersigned, hereby acknowledge and understand that the Creighton Soccer Academy is a privately-run sports camp and is not operated by or through Creighton University. The Camp is neither sponsored, controlled, nor supervised by Creighton University; it is operated through Johnny Torres S-Corp. I waive, release, and forever discharge Johnny Torres S-Corp., and Creighton University and the afore-mentioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at camp. I, the undersigned, acknowledge that during my child's participation in camp he may be photographed, or video recorded and give permission for these images to be used in promotional materials for the camp, including but not limited to printed and electronic publications, website and official camp or Creighton University Athletics Department social media. My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp

Signature: _____

Date: _____