



K-5

Cumberland Academy High Soccer Camp

April 1 - 5, 2019

Monday, Tuesday, and Thursday

Cumberland Academy High Soccer Camp APPLICATION K-5

NAME: _____

AGE: _____ DOB: _____ GRADE for 2018-19 : _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____

MOBILE PHONE: _____ HOME PHONE: _____

E-MAIL: _____

POSITIONS PLAYED: _____ CLUB TEAM: _____

SCHOOL: _____

PARENT/GUARDIAN: _____

MOBILE PHONE: _____ WORK PHONE: _____

PARENT E-MAIL: _____

SHIRT SIZE: YS (4-6): _____ YM(8-10): _____ YL(10-12): _____

ADULT SM: _____ ADULT M: _____ ADULT LG: _____

ADULT XL: _____ ADULT XXL: _____ ADULT XXL: _____

<u>CAMP TOTAL (please check one):</u>		
<input type="checkbox"/>	Camp Cost	= \$20.00
<input type="checkbox"/>	Camp Cost with Shirt	= \$25.00

<u>For Official Use Only</u>
Cumberland Academy High School c/o Coach Deborah Templain 7200 Paluxy Drive Tyler, Tx 75703

TO ENROLL:
PLEASE RETURN YOUR COMPLETED APPLICATION,
MEDICAL AND MEDIA RELEASE FORMS AND PAYMENT
(by March 15th) TO:

Cumberland Academy High School
c/o Coach Deborah Templain
7200 Paluxy Drive
Tyler, Tx 75703





6-8

Cumberland Academy High Soccer Camp April 8 – 12, 2019 Monday, Tuesday, and Thursday

Cumberland Academy High Soccer Camp APPLICATION 6-8th GR

NAME: _____

AGE: _____ DOB: _____ GRADE for 2018-19 : _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____

MOBILE PHONE: _____ HOME PHONE: _____

E-MAIL: _____

POSITIONS PLAYED: _____ CLUB TEAM: _____

SCHOOL: _____

PARENT/GUARDIAN: _____

MOBILE PHONE: _____ WORK PHONE: _____

PARENT E-MAIL: _____

SHIRT SIZE: YS (4-6): _____ YM(8-10): _____ YL(10-12): _____

ADULT SM: _____ ADULT M: _____ ADULT LG: _____

ADULT XL: _____ ADULT XXL: _____ ADULT XXL: _____

<u>CAMP TOTAL (please check one):</u>	
<input type="checkbox"/> Camp Cost	= \$20.00
<input type="checkbox"/> Camp Cost with Shirt	= \$25.00

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Medical History & Treatment Parental Consent Form

Important: Each person who attends CAH SOCCER CAMPS must have this form
Completed in full, on their behalf by a parent or legal guardian if under 18 years of age.

Section A- C: To be filled out by parents (please print)

Section A:

Name of Participant: _____ Name of Camp attending: _____
Date of Birth: _____ Age: _____
Parent or Guardian's Name: _____
Phone Number 1: _____ Phone Number 2: _____

Section B: (Medical Treatment & Liability Release)

I/We, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend the Valparaiso University Sports Camp in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I hereby authorize CAH to provide the medical treatment deemed necessary. I/We hereby release Cumberland Academy and their agents, employees, and representatives from any and all claims and liability arising in any way out of its exercise of this authority. I/We understand and agree that all bills for medical care and treatment will be forwarded to my insurance company or me, and that it will be my responsibility to see that such bills are paid. I/We further acknowledge, understand, and agree that in participating in this activity, there is a possibility of physical injury or illness and that my son/daughter is assuming the risk of injury by his/her participation. I/We further authorize the program director of his/her staff, or the training room staff to administer non-prescription analgesics for minor problems such as headaches, etc.

(Parent's Signature) _____ (Date) _____

Section D: (Medical History Form)

Date of last tetanus injection: _____

List any allergies:

Is the camper allergic to any medication? _____ Yes _____ No

If yes, please explain:

Does the camper use an inhaler? ___ Yes ___ No

If yes, please explain:

Parent's/Guardian signature: _____

Your email address: _____

Release for Media Usage

I, the undersigned, do hereby consent and agree that **Cumberland Academy Soccer Camp** and its employees or agents have the right to take photographs, videotape or digital recordings of my child/children and to use these in any and all media, now or hereafter known, and exclusively for the purpose of **Cumberland Academy Soccer Camp**. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Cumberland Academy Soccer Camp**, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child/children, either for initial or subsequent transmission or playback.

I also understand that **Cumberland Academy Soccer Camp** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of Participant: _____ Parent/Guardian: _____

Signature: _____ Date: _____