



December 31, 2011- January 1, 2012 UCSB WINTER COLLEGE ID CAMP Registration Form

GENERAL Information:

WHO: BOYS Ages 14 and up

WHERE: Rob Field Located on the campus of University of California, Santa Barbara

WHEN: December 31st 9:00am to 9:30pm (Saturday)
January 1st 8:00am to 4:00pm (Sunday)

COST: \$225. Price includes three meals and an official Camp T-Shirt, DOES NOT INCLUDE HOUSING

HOUSING: \$75 Tropicana Del Norte Dormitories, one night stay (Saturday only)

For ID Camp Information or Housing Questions please email camp administrator at menssoccer@athletics.ucsb.edu

CAMPER Information:

Players Name: _____ **Parent Name(s):** _____

Age: _____ **DOB:** _____ **Gender:** Male **Evening/Cellular Phone:** _____

Address: _____ **Day Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Emergency Phone:** _____

Email (Mandatory): _____ **Grade in Sept. 2011** _____

Primary Position Forward Midfield Defense Goalkeeper **High School/ Club Team** _____

HEALTH INSURANCE INFORMATION (Mandatory)

Carrier Name: _____ **Policy Number:** _____

Policy Holder Name: _____ **Policy Holder Date of Birth:** ____/____/____

Emergency Contact Name: _____ **Emergency Phone:** _____

I, the parent (legal guardian) of _____, give permission for the named camper to receive emergency medical treatment and hospitalization if necessary. I hereby waive and release the staff, camp management and any sponsors from any and all liability for any injury or illness incurred while at camp. I understand that there is risk of injury to the named camper as a result of camp activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Print Parent's Name _____ **Parent's Signature:** _____ **Date** ____/____/____

Payment Information:

Please check appropriate box(s):

Adult T-Shirt Size: S M L XL

Register for 2-day ID Camp = \$225 per camper

Register for Tropicana Del Norte dorms = \$75 per camper (Sat. Night)

All checks should be made payable to "Go 2 Elite Soccer"

Mailed to: **Go 2 Elite Soccer**
PO Box 8803
Goleta, CA 93118

Office Use Only: Check # _____ Amount: _____

POLICY: ALL payments made to "Go 2 Elite Soccer" are non-refundable unless SB Soccer cancels the camp. A \$25.00 service fee will be charged for returned