

**Please note: This is not a registration form and cannot be accepted as one**

Dear Parent,

Thank you for choosing U.K. Elite Soccer for your Residential Summer Camp. We pride ourselves on providing "The Ultimate Soccer Experience" and as such it will be an intensive week. Please make sure that players arrive in good physical shape with a focused mental attitude. We guarantee every player will improve during the week with us if they come prepared to practice with intensity, learn and have fun.

To make the preparation for camp as easy and efficient as possible, please make note of the following information:

### **Residential Camp Additional Information Pack**

**Please complete the information contained in this package and return all sections to:**

[U.K. Elite Soccer, Inc. 210 Malapardis Road, Suite 201, Cedar Knolls, NJ 07927](#)

**The package must be received in our NJ office no later than 3 weeks prior to camp.**

#### **Payment of balance**

If you paid the Early Bird Special:

No further payment is due.

If you paid IN FULL when registering:

No further payment is due.

If you paid a DEPOSIT:

The balance is due on May 15<sup>th</sup>

*(Not applicable to anyone registering after 5/15)*

If you paid by CREDIT CARD we will automatically debit the balance on or around May 15<sup>th</sup>

If you paid by CHECK you should send a check or call with credit card information prior to May 15<sup>th</sup>

#### **Roommate Request**

Please be sure to speak to your intended roommate to ensure he or she is registered for camp and has not already requested a different roommate.

At some locations it may be possible to make rooms for three or four. However this can typically only be worked out at the site. In the meantime, please choose ONE roommate.

Name: \_\_\_\_\_

Camp Location: \_\_\_\_\_

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

Camp Code: \_\_\_\_\_

Roommate: \_\_\_\_\_

#### **Goalkeeper Academy**

Please note that the U.K. Elite Goalkeeping Academy is not offered at all of our Residential Camps. The Goalkeeping Academy consists of two goalkeeper specific field sessions per day and evening scrimmages with age appropriate groups.

If you are a goalkeeper and have registered for a week offering the GKA please indicate below (circle):

YES: I would like to be enrolled in the Goalkeeping Academy

*At sites that do not offer the Academy program, goalkeepers will still receive position specific coaching but within the context of an age appropriate group of players.*

**Camper Personal Health and Medical Record**

*To be completed by Parent/Guardian*

**Camp Code** \_\_\_\_\_ **Camp Location** \_\_\_\_\_ **Camp Date** \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_

Personal Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Parent /Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If person is not available in the event of an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Check all items that apply, past or present, to camper's health history. Explain any 'Yes' answers

Allergies: Food, medicines, insects, plants  Yes  No Explain: \_\_\_\_\_

General Information:	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Attention Disorder Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	Digestion	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>				Takes Prescriptions Daily	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

\_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in any day camp activities:

**ALL MEDICATIONS MUST BE GIVEN TO THE PROGRAM COORDINATOR WHEN YOU CHECK IN AND BE IN THE ORIGINAL PHARMACY CONTAINER WITH THE PATIENT'S NAME AND DOSAGE CLEARLY MARKED. THIS INCLUDES ALL OVER THE COUNTER MEDICATIONS. AT CHECK IN, PARENT/GUARDIAN MUST COMPLETE IN FULL AND SIGN AN "AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER" FORM FOR EACH MEDICATION.**

**Immunizations:** (Give date of last inoculation)

Tetanus Toxoid: \_\_\_\_\_ Measles: \_\_\_\_\_ Polio: \_\_\_\_\_ Diphtheria: \_\_\_\_\_

Mumps: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_ Pertussis: \_\_\_\_\_ Rubella: \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult program coordinator in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date: \_\_\_\_\_ Signature of Parent/Guardian or Adult \_\_\_\_\_