

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 Training Week. 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 Training Week Additional Information Pack

Please complete the information below and return to:

Mail: U.K. Elite Soccer, Inc. 210 Malapardis Road, Suite 201, Cedar Knolls, NJ 07927

Fax: 973 631-8743 / **Email:** residential@ukelite.com

Completed information must be received in our NJ office no later than 3 weeks prior to camp.

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: _____

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 _____