



Sign up for your MLS CAMP



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MLScamps.com

SHELBURNE PARKS AND RECREATION

DATES: June 22nd - June 26th & July 13th - July 17th
LOCATION: :Shelburne Community School

- Campers receive a ball, t-shirt and player evaluation
- Shinguards and water bottle required

Program: Mini wees (recreational players)
Ages: 3 & 4 year olds
Time: 4-4:45pm, 5-5:45pm, OR 6-6:45pm
Cost: \$55.00

For more information call Shelburne Rec. at (802) 985-9551

Program: Munchkins (recreational players)
Ages: : 5 & 6 year olds
Time: 5-6:30pm
Cost: \$80.00

If you host a coach you will receive a free place in camp (3 hour value) Contact Shelburne Parks & Rec. for details.

MAIL CHECK/REGISTRATION TO:

Shelburne Recreation, PO Box 88, Shelburne, VT 05482

MAKE CHECKS PAYABLE TO: Shelburne Parks and Recreation

Program: Half Day or Full Day (rec & competitive players)
Ages: 6 & up; Half Day 7 & up; Full Day
Time: 9am-noon or 9am-3pm
Cost: Half Day \$120.00 Full Day \$165.00

Attend both weeks of the Half or Full Day program and receive \$20 off the 2nd week

Registration Form. NOTE: NO REFUNDS will be issued for cancellations later than 1 week prior to the start of camp. To register siblings, photocopy this registration page. ****Complete and return with payment to: Shelburne Parks and Recreation****

PLAYER INFORMATION:

| | | | | | |
|-----------------------------|--|---------------|--|-----------------------|--|
| Name: | | | | Date of Birth: | |
| Grade as of Sep. 09: | | Age: | | Sex: | |
| Address: | | | | | |
| City: | | State: | | Zip: | |

PARENT/GUARDIAN AND EMERGENCY CONTACT:

| | | | | | |
|---------------------------------|--|-----------------|--|----------------------|------------------------|
| Parent/Guardian Name: | | | | | |
| E-Mail Address: | | | | | |
| Home Ph: | | Work Ph: | | Cell Ph: | |
| Add'l Emergency Contact: | | | | Relationship: | |
| Home Ph: | | Work Ph: | | Cell Ph: | |
| Family Doctor: | | | | | Doctor's Phone: |

| ALLERGIES: (List all known) | Allergen | Reaction | Management |
|------------------------------------|----------|----------|------------|
| Medication | | | |
| Food | | | |
| Other | | | |

MEDICATIONS BEING TAKEN: Please list all medications (including over the counter or non prescription drugs) taken routinely. Bring enough meds to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication.

This person takes NO medications on a routine basis (circle one) Yes No

| This person takes medications as follows: | Med 1 | Dosage | Frequency | Reason |
|---|-------|--------|-----------|--------|
| | Med 2 | Dosage | Frequency | Reason |

GENERAL QUESTIONS: (Circle Yes or No, and explain additional information on separate sheets)

| | | | | | |
|--|-----|------------------------------|-----|---|-----|
| Ever been hospitalized? | Y N | Ever had surgery? | Y N | Have frequent headaches? | Y N |
| Ever had a head injury? | Y N | Ever had ear infections? | Y N | Ever had back problems? | Y N |
| Skin problems? (e.g., itching, rash, acne) | Y N | Have asthma? | Y N | Had mononucleosis in the last 12 months? | Y N |
| Had problems with diarrhea/constipation? | Y N | Ever had an eating disorder? | Y N | Ever had emotional difficulties for which professional help was sought? | Y N |

Board of Health requires medical history and immunization records. By checking this box I understand to bring these to the first day of camp.

PROGRAM DETAILS: Check the front of this flyer for the equipment included in your camp fee

| | | | |
|--|--------------|--------------|--|
| Name of Local Sponsoring Organization | | | |
| Name of Camp Program: | Date: | Time: | |
| 2nd Camp Prog. (if applicable) | Date: | Time: | |

EQUIPMENT: Check one

Shirt YS YM YL AS AM AL AXL **Ball** 3 (5-7 yr) 4 (8-11 yr) 5 (12+)

RELEASE. This release is made to allow my child to participate in MLS Camps and its sponsored events. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Major League Soccer Camps, Major League Soccer, L.L.C., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp and its sponsored events. I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms.

Parent/Guardian Signature

Date: