



# 2009 Oak Ridge Lady Wildcat Summer Youth Soccer Camp Application



LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Next Fall \_\_\_\_\_ School \_\_\_\_\_

Current Team (if applicable) \_\_\_\_\_ Field Player \_\_\_\_\_ Goalkeeper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Email \_\_\_\_\_ T-Shirt Size \_\_\_YM \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL

**In an emergency, if parents cannot be contacted, please contact:**

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

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

**Medical Insurance Company Name & Policy Information**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

Does your child have asthma \_\_\_\_\_ or diabetes \_\_\_\_\_?

List of medications currently taken \_\_\_\_\_

I, as a parent or guardian, authorize first aid or any emergency medical care that may become necessary for my child while he or she is enrolled in the Lady Wildcat Youth Soccer Camp. I do voluntarily agree to release and hold the Lady Wildcat Youth Soccer Camp, Oak Ridge High School, its employees, boosters, and volunteers harmless from any claim, demand, or cause of action for injury to the above named participant. I also give permission for the free use of my child's name, picture, and likeness in any article, broadcast, or other account of the Lady Wildcat Youth Soccer Camp including but not limited to the promotion of future events.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If applying with a friend, write their name here** \_\_\_\_\_

(Note that both applicants must list each other for \$10 discount to be valid)

**Camp Dates:** July 13 – 17, 2009; 5:30-8:30 PM

**Camp Fee:** \$60 per camper/\$50 if applying with a friend

Campers will receive a free t-shirt. Camp check in will begin at 4:45 on Monday, July 13<sup>th</sup> at the Oak Ridge High School Soccer field located at 127 Providence Road.

Please make check payable to **Lady Wildcats**  
Mail completed application form(s) and check to  
**Bonnie Angelo**  
**129 Nebraska Avenue**  
**Oak Ridge, TN 37830**  
**Phone: (865) 482-9588**  
**Email: ladywildcatsoccer@comcast.net**