

ELITE SOCCER 150 ACADEMY INFORMATION SHEET 2012

Save this sheet for future reference

**No camp application is complete without this information!
Current Physical and Immunization Records.**

SOCCER PLAYERS SHOULD BRING THE FOLLOWING: Please make sure everything is labeled with the camper's name!

1. PLEASE bring blankets, linens and pillows, towels, fan, jacket for cool evenings, clock or watch. **Linens and pillows will not be provided.**
2. Enough regular clothes for a full-length stay. If necessary, coin-operated laundry facilities are available on campus.
3. Soccer attire with plenty of extra socks and shorts, shin guards to be worn at all sessions. Soccer ball and water bottle.
4. All toiletries including toothpaste, toothbrush, soap, etc.
5. Appropriate clothes and gear to take part in, swimming (suit), gym activities (sneakers and sweatclothes), and dry land training (running shoes).
6. Medication must be accompanied by a doctor's prescription (original bottle will suffice) and should be registered with the trainer at registration. All medication **must** be noted on the Medical Form.
7. **Skateboards and roller blades are NOT allowed at CAMP.**

CAMP STORE. Will be opened each evening for refreshments and pizza.

-----Tear here and return to BASA if applicable -----

ROOMMATE REQUEST FORM

If you wish to request to room with someone in particular, it is imperative that this portion of the sheet be received by June 15, 2012. Rooms are based on double occupancy in the dormitories. Please note that every effort will be made to accommodate each request, but we make absolutely **NO GUARANTEE** that your son will room with the person(s) requested. In the event that we cannot accommodate your request, we will try to place the campers as close to each other as possible and with players his/her age.

Your camper's name: _____ Grade _____

Choice #1 _____ Choice #2 _____

Session 1 Boys Youth Residential at RWU July 22-26 Grades 5-8 _____

Session 2 Boys GK Residential at RWU - July 22-26 Grades: 5-12 _____

Session 3 Boys Senior Residential at RWU July 22-25 Grades 9-12 _____

Emergency Information and Release Form

THIS FORM MUST BE SIGNED AND RETURNED BY JUNE 15, 2012

Camper's Name: _____ Telephone: _____
Address: _____
Session 1 Boys Youth ____ Session 2 Boys Select ____ Session 3 Goal keeper Select ____
Check one
Parent/Legal Guardian to be contacted in case of emergency: _____
Home phone: _____ Cell phone: _____ Email _____
If parent/guardian cannot be reached, notify: _____
Home phone: _____ Cell phone: _____ Email _____
Alternate contact: _____
Relationship to camper: _____

I consent to have the administrators of Brian Ainscough Soccer Academy act in our behalf should any emergency arise and hereby grant permission to said administrators to authorize medical attention by a physician, nurse, or hospital. I understand that any medical treatment is not payable by Brian Ainscough Soccer Academy.

No camp application is complete without this information!
Current Physical and Immunization Records.

Health Insurance Information: **This is a requirement.** (Students without medical insurance will not be accepted.)

Insurance Company: _____
Policy #: _____ Telephone: _____
Name of Policy Holder: _____
Relationship of camper to policy holder: _____

Release and Indemnification Agreement:

I represent and agree that the camper will have sufficient health, accident, disability and hospitalization insurance coverage to cover medical costs during participation in BASA and agree that Northeastern University has no obligation to provide any such insurance or costs. In consideration that my child will attend BASA in the Summer of 2012, I hereby release and discharge Northeastern University, its officers, employees, Trustees, Overseers, and agents from any claim arising out of participation in BASA for personal injury, loss or damage to property or loss of life and further agree to indemnify, defend, and hold harmless the College and its officers, employees, Trustees, Overseers, and agents for any of such claims.

Signature of Parent/Guardian: _____ Date: _____

Please sign and return by June 15, 2012, to: Brian Ainscough Soccer Academy

www.ainscoughsoccer.com

Men's Soccer Office
Northeastern University,
219 Cabot Center
360 Huntington Ave
Boston, MA 02115-5000