

# APPLICATION FOR ENROLLMENT

(PLEASE PRINT)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parents \_\_\_\_\_

Age \_\_\_\_\_ Position \_\_\_\_\_

Roommate/Teammate \_\_\_\_\_

Grade (Fall 2012) \_\_\_\_\_

T-Shirt Size (Youth Sizes) S M L AS AM  
(Circle One)

## PLEASE SELECT THE CAMP YOU WILL ATTEND:

- Junior Jays 1 Morning, Elkhorn H.S.(ages 6-12, June 4-8, \$120)
- Junior Jays 2, Morning, Creighton (ages 6-12, June 11-15, \$120)
- Lil Jays *EVENING*, Creighton (ages 4-5, June 18-22, \$60)
- Junior Jays 3 *EVENING*, Westside H.S.(ages 6-12, June 18-22, \$120)

## PLEASE SELECT THE **GIRLS RESIDENTIAL CAMP** YOU WILL ATTEND:

- Academy 1, (Future)Ages 9-13, July 17-19, (Commuter) \$295
- Academy 1, (Future) Ages 9-13, July 17-19, \$335
- Academy 1 (Elite), Ages 14-18, July 17-19, (Commuter) \$345
- Academy 1 (Elite) Ages 14-18, July 17-19, \$385
- Academy 2, (Future) Ages 9-13, July 21-23,(Commuter) \$295
- Academy 2, (Future) Ages 9-13, July 21-23, \$335
- Academy 2 (Elite) Ages 14-18, July 21-23, (Commuter) \$345
- Academy 2 (Elite) Ages 14-18, July 21-23, \$385

Creighton Soccer Camp and Creighton University cannot be responsible for injuries sustained at camp. All campers must carry their own insurance. Please complete the Parental Consent Form before mailing the application! The Parental Consent Form must be complete in order to attend camp.

- Soccer Ball (For purchase) Size 4, \$25
- Soccer Ball (For purchase) Size 5, \$25

## Please send application to:

Creighton Soccer Camp, P.O. Box 8276, Omaha, NE  
68108, Phone (402) 658-9977, creightonsoccer@cox.net



# PARENTAL CONSENT FORM

(PLEASE PRINT)

Name of Camper \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please provide the following information about the

above minor:

Allergic Reactions \_\_\_\_\_

Present Medications \_\_\_\_\_

Date of Last Tetanus Toxoid \_\_\_\_\_

Past illness or other information that would be useful  
in the event of treatment if necessary:

In case of Emergency:

Father \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby certify that the Creighton Soccer Camp Staff has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. The Creighton Soccer Camp shall not be help responsible for any consequence resulting from such injuries.

**I declare that I am the father/mother/guardian (circle one) of the above-named minor**

Signature \_\_\_\_\_

Date \_\_\_\_\_