

## REGISTRATION

Camper's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Grade (Fall 2026): \_\_\_\_\_

Name of School: \_\_\_\_\_

Club / Team Affiliation: \_\_\_\_\_ Coach's Name \_\_\_\_\_

T-Shirt Size (Circle one): AS AM AL AXL A2XL

Parent's / Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Select a session for which you want to enroll (please use a check mark:

- Girls Goalkeeper ID Academy Clinic: June 13, 2026 (\$100)**
- Girls Goalkeeper ID Academy Clinic: July 25, 2026 (\$100)**

*You may either, mail payment with completed forms or scan-email forms and make payment later. BALANCE WILL BE DUE UPON ARRIVAL.*

**Make check payable to Gerald Hare / HGA  
Register ASAP to guarantee a spot for camp.**

\_\_\_\_\_ **Total Amount Enclosed**    **Total Amount Still Owe** \_\_\_\_\_

How did you hear about Hare Goalkeeper Academy Camps?

- Website     Past Camper     Brochure     Referral     Print Ad
- Road Sign     Other \_\_\_\_\_

### For Office Use Only:

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check or Cash (Circle)

Date of Deposit \_\_\_\_\_ Check # \_\_\_\_\_ Invoice # \_\_\_\_\_

## MEDICAL RELEASE / PARENT CONSENT FORM

The undersigned, being a parent or legal guardian of the child requesting clinic, training program or camp admittance, does hereby affirm that the applicant is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any member of the camp staff to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent.

I understand that, as a condition of admittance as a participant, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases HGA-Westminster College Camps, Gerald Hare, and his coaching staff from any and all liability from injury or illness, mental or physical, suffered by the academy participant during or related to the clinic, training program or camp, unless caused by a willful act or gross negligence by the person or entity against whom the claim is made.

\_\_\_\_\_  
Parent / Guardian Signature

### Insurance Information

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

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Group #

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**Hare Goalkeeper Academy  
2879 Anderson Drive  
Allison Park, PA 15101**

Please make check payable to Gerald Hare / HGA