

REGISTRATION

Camper's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Male: ___ Female: ___ Grade (Fall 2012): _____

Age: ___ Name of School: _____

Club / Team Affiliation: _____ Coach's Name _____

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

Parent Information

Parent's / Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Select all sessions for which you want to enroll:

- Shooting &, Finishing Camp (Half-Day): July 9-13, \$200 **(CLOSED)**
- Goalkeeper Camp (Half-Day): July 9-13, \$200 **(CLOSED)**
- Shooting &, Finishing Camp (Full-Day): July 9-13, \$285 **(CLOSED)**
- Goalkeeper Camp (Full-Day): July 9-13, \$285 **(CLOSED)**
- Goalkeeper Pre-Season Training Camp: July 23-26, \$200 **(OPEN)**

Early Bird Registration & Discounts:

___ \$20 Sibling Discount: For family's second child in camp. (One discount per camper)

___ \$25 Shady Side Academy Faculty / Staff Discount (One discount per camper)

___ \$20 Team Discount: Available to each member of a team or a group, when eight or more members of the team register together. Coach can attend for free.

___ \$40 Multiple Camps Discount: per camper for attending two camps.

A \$75.00 non-refundable deposit or full payment must accompany your application to reserve a space in camp. Final balance for Goalkeeper Pre-Season Training Camp is due on or before July 20, 2012.

Make check payable to Gerald Hare / HGA

Register early! Enrollment is limited to ensure the quality of instruction.

_____ **Total Amount Enclosed** **Total Amount Still Owe** _____

Special Needs: ___ Oral Interpreter ___ Sign Language Interpreter
___ Other (please list): _____

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-HSC, 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 #

Complete both forms and send the forms with a full payment or a \$75.00 non-refundable deposit for each camp to:

Hare Goalkeeper Academy
2879 Anderson Drive
Allison Park, PA 15101

Please make check payable to Gerald Hare / HGA