

REGISTRATION

Camper's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Male: ___ Female: ___ Grade (Fall 2018): _____

Age: ___ 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 all sessions for which you want to enroll (please use a check mark):

Goalkeeper ID Academy (One-Day): July 14, 2018 (\$90)

Goalkeeper Residential Academy: July 15-18, 2018

___ Residential (\$365) ___ Commuter (\$300)

Discounts: (One Discount Per Camper)

___ \$35 Group Discount - Available to each camper, when eight or more campers in a group register together.

A 75.00 non-refundable deposit or full payment must accompany your application to reserve a space in camp. BALANCE WILL BE DUE UPON ARRIVAL. The confirmation packet will be emailed to camper upon receipt of form and payment.

**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 #

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