Chico State Wildcat Girls Soccer Camps

- Residential High School Camp - Grades 9-12
  - Grades 9-12
  - June 25-29, 2007
- Wildcat Junior Day Camp, 9-1pm – Grades 7-8
  - Two Weeks
  - Grades 7-8
  - July 30-Aug. 3, 2007
- Little Wildcat Youth Camp, – Ages 6-12
  - Grades 7-8
  - Two Weeks
  - Grades 6-12
  - June 25-29 (9-Noon)
  - July 30-Aug. 3 (9-Noon)

Camp Registration Form

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<td>Birth Date (M/D/Y)</td>
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<td>Parents Last, First Name</td>
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<td>Roommate Request – Overnight Camp Only</td>
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<td>Camp T-Shirt Size (circle one)</td>
<td>YS</td>
<td>YM</td>
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Please send deposit, Completed Registration, Medical Release and Liability Forms to:

Kim T. Sutton
Women’s Soccer Coach – Chico State University
1st & Orange
Chico, CA 95929-0300
FAX: 530-898-4699
Office: 530-898-6085

Make Checks payable to: CSUC Research Foundation – W. Soccer
Resident High School Deposit - $165
Junior High Deposit - $50
Youth Deposit - $40
Chico State Women’s Soccer Camp

**AUTHORIZATION TO TREAT A MINOR**

Camper’s Name (Last, First, MI) _____________________________________________

Parent’s/Guardian’s Name __________________________________________________

Camper’s Street Address ____________________________________________________

Camper’s City, State, Zip __________________________________________________

Parent’s/Guardian’s Home Phone # __________________________________________

Parent's/Guardian’s Work Phone # __________________________________________

Parent’s/Guardian’s Cell Phone # __________________________________________

Parent’s/Guardian’s E-mail _________________________________________________

In an emergency, when parent’s/guardian’s cannot be notified, please contact:

____________________________ Relationship ______________________ Phone ________

____________________________ Relationship ______________________ Phone ________

Health Insurance Company: ________________________________________________

Policy Number: __________________________________________________________

Family Physician _________________________________ Phone __________________

Date of last tetanus booster: ______________________ (month/year)

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

________________________________________________________________________

________________________________________________________________________

Please note and date any new injury information here: ____________________________

________________________________________________________________________

________________________________________________________________________

**CONSENT FOR MEDICAL TREATMENT**

As the parent(s), or legal guardian(s), of the child named on this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us). This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.

I further agree to not hold the Chico State women’s soccer camp program or the CSU, Chico Research Foundation liable for the medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

_____________________________ ______________________
Parent's/Guardian's signature Date
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
This document affects your legal rights. You should read and understand it before signing it.

In consideration for receiving permission to participate in ____________________________ (describe activity)
on ____________________________ (activity/trip date(s)), I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have or which hereafter may accrue to me against the CSU, Chico Research Foundation, its programs, the State of California, the Trustees of the California State University, and the officers and employees, as a result of my participation in any way in the event described above.

This release is intended to discharge The State of California, Trustees of The California State University, California State University, Chico, the CSU, Chico Research Foundation, officers, employees, students, and volunteers of each and any other public agency from and against any and all liability arising out of or connected in any way with my participation in the event/activity, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above.

I further understand that accidents and injuries can arise out of participation in this event/activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

As parent/guardian, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical activity. I give permission for him/her to be medically treated for illness occurring or injury sustained during participation in the above activity, and certify that he/she is covered by medical insurance. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

__________________________  ____________________________
Name of participant (print)   Signature of participant or guardian if under 18

__________________________  ____________________________
Street Address  City  State  Zip  Phone

WITNESS:

__________________________  ____________________________  ____________________________
Printed Name of Witness  Date  Signature of Witness