

**2018 Circle to Circle Field Hockey Camp, LLC
Camp Application**

Please check the camp/clinic you are applying to attend:

TWO-DAY CLINIC • June 9 - June 10, 2018 • \$225
* limited to 50 campers (no overnight option available)

OPEN CAMP / OVERNIGHT OPTION • July 22 - July 25, 2018 • \$495
* camp is open to teams and individuals
* if registering with a team of 12 or more camp registration is discounted to \$470
* all applications must be received together, or a refund will be given at registration/check-in

OPEN CAMP / COMMUTER OPTION • July 22 - July 25, 2018 • \$415
* camp is open to teams and individuals
* if registering with a team of 12 or more camp registration is discounted to \$390
* all applications must be received together, or a refund will be given at registration/check-in

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*EMAIL ADDRESS (required): _____

CURRENT SCHOOL: _____

GRADE FALL '18: _____ POSITIONS: F MID BACK/DEF GK
(please circle positions that apply)

OF YEARS EXPERIENCE: Varsity _____ Junior Varsity _____ Jr. High _____ Club _____
AT ALL LEVELS

ROOMMATE(S) REQUEST: (1ST) _____

(2ND) _____

(3RD) _____

*we will do our best to accommodate all roommate requests; however, there are no guarantees

DEPOSITS

TWO-DAY CLINIC: A \$100 non-refundable deposit, or payment in full, is due by May 28, 2018 for our Two-Day Clinic. Balance is requested at check-in / registration on the first day of the clinic.

OPEN CAMP (overnight and commuter options): A \$200 non-refundable deposit, or payment in full, is due by July 1 for our open camp (for both overnight and commuter options). Balance is requested at check-in / registration on the first day of camp.

* Please make all checks payable to: Circle to Circle Field Hockey Camp, LLC and mail to Diane Madl c/o: P.O. Box 533, Warren, RI 02885

* Online registration also is available at www.CircleToCircleFieldHockey.com (registration via mail also is acceptable)

* Disclaimer: Circle to Circle Field Hockey Camp, LLC is not owned or operated by Providence College

2018 Circle to Circle Camp, LLC
Parent/Legal Guardian Form

Dear Parent/Legal Guardian,
In order for your child to attend this Camp/Clinic, you must submit this completed form.

Diane Madl - Circle to Circle Field Hockey Camps
P.O. Box 533
Warren, RI 02885

Thank you for your cooperation.
Diane Madl

1. Parent/Guardian Permission and Hold Harmless Agreement

Participant's Name: _____ D.O.B.: _____ Sex: _____
(please print)

Parent Name(s): _____ Phone #s: _____
(please print)

I, the participant's parent/legal guardian, understand the nature of the clinic activities, certify that the participant is able to participate in the program, and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless Providence College, its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program.

Parent Signature: _____ Date: _____

2. Medical and Emergency Information

In anticipation of my child's participation in the clinic program, I certify that I have consulted with my child's physician and that my child has been medically cleared for clinic-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that my child will not be allowed to participate in this program without medical insurance coverage as documented below.

Insurance Provider: _____ Policy #: _____

Policy Holder's Name: _____ Date of last tetanus shot: _____

List any & all medications. _____

Does your child need clinic staff to store and/or dispense medication? YES _____ NO _____

If yes, please provide specific instructions: _____

List any medical condition or history that would require special attention (e.g., medication or food allergies, asthma, diabetes, epilepsy); also, please provide treatment protocol (e.g., inhaler, EpiPen, insulin):

Please see the reverse side of this Form.

Side 2 – Parent/Legal Guardian Form

I give permission for my child to receive emergency treatment. I understand that reasonable attempts will be made to contact me, or the emergency contact named below, before taking this action.

Primary Emergency Contact Name & Phone # (include area code): _____

Secondary Emergency Contact Name & Phone # (include area code): _____

Parent/Guardian Signature: _____ Date: _____

3. Persons Permitted to Retrieve Your Child from Camp

Please let us know if there are special arrangements or restrictions for early dismissal or retrieving your child at the end of camp each day or at the end of an overnight camp session.

Name of the person or persons to whom we may release your child: _____

Is there additional information that we need to know? (For example, if your child is named as a “protected person” in an order of protection or civil restraining order, you may inform us and provide us with a copy of the document.)
