

2010 BENJAMIN ELO MEMORIAL SOCCER CAMP

Living your faith to affect change; Act justly, love mercy, walk humbly Micah 6:8



www.BenElo16.org

Early Sign up Special
Send your completed application and check (\$50.00 minimum deposit required) by May 21, 2010 and save
\$10.00

Mooresville High School Soccer Facility
Corner of Bridge St. and Landersdale Rd.
Mooresville, IN 46158
June 21 through June 25, 2010
9:00 a.m. to 4:00 p.m. Monday - Thursday; 9:00 a.m. to Noon Friday

PLEASE PRINT

CAMP APPLICATION

EMERGENCY MEDICAL INFORMATION/PARENTAL CONSENT

Camper's Name _____

Family Dr. Name _____

Parent/Guardian's Name _____

Health Insurance Provider _____

() ()
Area Code and Home Phone Area Code and Emergency Phone

Address _____

E-mail Address _____

City State Zip

Address _____

Name of Policy Provider Policy Number

City State Zip

In order for the camper to participate the following information must be provided:

Date of Birth _____ Male _____ Female _____

Asthma	Yes/No	Allergies	Yes/No
Heart Disease	Yes/No	Diabetes	Yes/No
Convulsions/Seizures	Yes/No	Bleeding Disorders	Yes/No
Pain in Chest or Shortness of Breath	Yes/No	Currently Taking Any Medications (please describe below)	Yes/No

2010-2011 Grade _____ 2010-2011 School _____

Please provide additional information that would be useful in the event treatment is necessary:

T-Shirt Size:
Children Sizes: Medium _____ Large: _____
Adult Sizes: Small: _____ Medium: _____
Large: _____ X-Large: _____

Fee includes a camp t-shirt and water bottle. Early sign up special is based on post mark of your envelope.
Registration fee (receipt of completed application and fee after May 21, 2010) **\$185.00**
Early Sign Up Discount (enter \$10.00 if post mark by 5/21/2010) ()
Extra T-Shirt(s) Quantity: _____ x \$13.00 ea. _____
Total Amount _____

Family and Group Discounts Available
Go To www.BenElo.org

Make Check Payable: **Mail application and your check to:**
CFMC-Ben Elo Benjamin Elo Memorial Soccer Camp
c/o Karen Broholm
9068 Cypress Court
DeMotte IN 46310

I understand and agree that participation in the camp involves an inherent risk of possible physical injury. I also understand that I will be notified in case of serious illness/injury. Therefore, I authorize the medical staff of any hospital to provide the necessary medical treatment of my child including, but not limited to, emergency treatment, x-ray or surgery, as recommended by an attending physician. I also authorize the release of information to the health care provider indicated above. I assume all risk of injury and loss that may be suffered by me or my child and release the organizers of this camp, Mooresville High School and the Community Foundation of Morgan County from any and all known liability, foreseen and unforeseen bodily injury, including property damage and the consequences thereof resulting from my child's participation and involvement with this camp. I hereby give my consent for my child to participate in this camp.

Permission to dispense Tylenol/Ibuprofen as needed. Yes ___ No ___

How did you hear about the camp? Friend ___ Coach ___ School ___
Website ___ Other ___

Signature of Parent/Guardian _____ Date _____

For Office Use Only	
Check Number	_____
Check Date	_____
Check Amount	_____
Application Received	Yes/No

For more information please contact:
Melanie Elo
(317) 727-8190

Camper's Signature (if over 18 years old) _____ Date _____