

# Eastern Soccer Academy Inc.



9 High St  
Bedford Hills  
NY 10507  
Phone (914) 864 – 2608 Fax (914) 666-5089  
Web Site: [www.easternsoccer.com](http://www.easternsoccer.com)

**RESIDENTIAL CAMP ADDRESS:**  
Williston Northampton School,  
19 Payson Street,  
Easthampton,  
MA 01027.

## Information Sheet

**Camp phone # during camp dates (413)-529-3198 Fax # (413)-527-1198**

Thank you for your registration form. All residential and day campers must report to camp between **2:00pm** and **4:00pm** on the Sunday of camp. Check out time on Friday from camp is by **1:00pm**.

### General information

**No camper will be admitted without a health statement, and release form. Important, the immunization section on the health form and health history must be included and the specific dates of the immunizations must be signed and dated, attach the doctors complete copy of the campers immunization record.**

Free medical insurance is offered with a deductible of \$100.00. The insurance covers medical costs resulting from injuries at camp that are not covered by you're own insurance.

### Clothing & Equipment

**Absolutely no air conditioners or food are allowed in the dorms (it's a school policy).**

Soccer cleats, soccer indoor shoes (sneakers), shin guards, soccer socks, soccer shorts, T-shirts, sweatsuit, raincoat, two sheets (twin size), blanket (sleeping bag) pillow, towels, swimsuit, washcloth, soap, shampoo, toothbrush & paste, pajamas, alarm clock, fan (with parental consent), sun screen, band aids, and athletic tape.

**A strict dress code** is in effect while on the soccer fields. Soccer shirt/T-shirt, soccer shorts, soccer socks and correct footwear for outdoor and indoor use.

### Day Campers

Arrive time on Monday through Friday is 9:00am in the snack bar. Lunch and dinner for 9:00am – 8:30pm campers only.

### Camp Store & Camp Bank

The store will be open at registration and throughout the week offering a selection of camp balls, T-shirts, sweatshirts and other soccer related equipment & souvenirs. **Money must be deposited in the snack bar bank, at camp registration, recommended amount for the week is \$50.**

### Refunds

**There will be a \$300 non refundable amount** if your child can't attend camp for medical reasons **and** ESA is notified no later than two weeks before camp begins. A doctor's note **must** be furnished. **No refunds** will be made if the camper is forced to leave early because of medical reasons or injury.

**You are registered for:**

#### **Residential:**

- Week 1: July 18<sup>th</sup> – July 23<sup>rd</sup> 2010:
- Week 2: July 25<sup>th</sup> – July 30<sup>th</sup> 2010:
- Week 3: Aug 1<sup>st</sup> – Aug 6<sup>th</sup> 2010:
- Week 4: Aug 8<sup>th</sup> – Aug 13<sup>th</sup> 2010:

#### **Day Camper:**

- Day 9:00am – 4:30pm:
- Day 9:00am – 8:30pm:

- Goalkeeper
- Senior 13-18
- Junior 8-12
- Boy
- Girl

**Directions:** - 91 north past Springfield, MA.  
- Take exit 17B, Route 141 west.  
- Continue straight for approx. 4 Miles to Payson ave.  
- Follow Camp signs to registration.

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Founded in 1977



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Phone (413)-529-3198 Fax (413)-527-1198

## Youth Camp Health Examination Record (must be within the last 24 months)

Form to be completed by the parent or legal guardian. Camp attending;

Week 1  Week 2  Week 3  Week 4

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
Street Town State Zip Code

IN EMERGENCY, NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Immunizations: PLEASE ATTACH immunization records (from you're Doctor)

#### Along with Health History

MMR 1 Dose /date: \_\_\_\_\_ Measles 2<sup>nd</sup> Dose/date: \_\_\_\_\_  
Polio/date: \_\_\_\_\_ Diphtheria/date: \_\_\_\_\_  
Tetanus Toxoids/date: \_\_\_\_\_ Booster if more than 10yrs since last dose: \_\_\_\_\_  
Pertussis/date: \_\_\_\_\_ Hepatitis B/ those born after 1-1-92 date: \_\_\_\_\_  
TB Testing \_\_\_\_\_

#### Health History (Check if had/have)

**Has there been any known exposure to any Hepatitis Viruses?** Yes \_\_\_ No \_\_\_  
**Childhood Illness:** Chicken Pox \_\_\_ Measles \_\_\_ German Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_  
Other \_\_\_\_\_ Details: \_\_\_\_\_

**Allergies:** Hay Fever \_\_\_ Insect Sting \_\_\_ Asthma \_\_\_ Ivy, Oak, etc \_\_\_ Drugs (specify) \_\_\_\_\_  
Food (specify) \_\_\_\_\_ Details: \_\_\_\_\_

**Chronic/Reoccurring Illness:** Earaches \_\_\_ Throat Problems \_\_\_ Sinus \_\_\_ Infections \_\_\_ Heart \_\_\_  
Stomach \_\_\_ Epilepsy \_\_\_ Rheumatic Fever \_\_\_ Diabetes \_\_\_ Menstrual Problems \_\_\_ Other \_\_\_\_\_  
Details: \_\_\_\_\_

**Operations, Injuries, Special Restrictions, (explain & give details)** \_\_\_\_\_

#### Medication Being Taken, (name & explain)

### Physical Examination: (MUST be completed by a licensed physician)

**CODE: (1) Satisfactory, (2) Not Satisfactory, (0) Not Examined,**  
Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Skin \_\_\_\_\_ Nose \_\_\_\_\_ Eyes \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_  
Required \_\_\_\_\_ Condition \_\_\_\_\_ Ears \_\_\_\_\_ Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_ Throat \_\_\_\_\_ Teeth \_\_\_\_\_  
Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Skeletal \_\_\_\_\_ Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_ Hernia \_\_\_\_\_ Extremities \_\_\_\_\_  
Tests: Urinalysis Glucose? \_\_\_\_\_ Albumin? \_\_\_\_\_ Restrictions, limitations (including diet) \_\_\_\_\_  
Medication \_\_\_\_\_

Recommendations \_\_\_\_\_ the above named person is in satisfactory condition  
and may engage in all camp activities except as noted: \_\_\_\_\_

EXAMINING PHYSICIAN (Print) \_\_\_\_\_ (Signed) \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ STATE LICENSED IN \_\_\_\_\_ LIC. NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

**The completed health record and release form must be returned by JULY 1<sup>st</sup>.  
To attend camp a health record is required**

# Release Form

## Authorization for emergency medical treatment:

I, the parent or legal guardian of \_\_\_\_\_ a minor aged \_\_\_\_\_,  
Name of camper, (Please print)

Hereby consent to the immediate transfer of the above camper to any licensed hospital in the event of a medical emergency.

I further consent to the administration of any emergency medical treatment deemed necessary by a licensed physician. I understand that all reasonable attempts will be made to contact me in advance of treatment provided medical circumstances permit. I authorize Eastern Soccer Academy to release information to facilitate the medical or surgical care of my child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent or legal guardian

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

## Consent to medical treatment for camper by ESA medical staff:

I hereby authorize the medical staff chosen by Eastern Soccer Academy to administer medical care and treatment to \_\_\_\_\_ and hereby consent to any medical or surgical  
Name of camper, (Please print)

Diagnosis or treatment, included, but not limited to the administration of medication, referrals for medical care and hospital in-patient or outpatient care.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent or legal guardian

**Medication Policy: If your child is bringing ANY medication (prescription and over the counter) to camp it will be kept in and given out by the health care supervisor.**

## Swimming/ permission:

I hereby grant \_\_\_\_\_ permission to use the  
Name of camper, (Please print)

Camp swimming pool under the supervision of camp personnel and a lifeguard present.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Emergency Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Camper's D.O.B. \_\_\_\_\_  
(State health law requires two telephone numbers)

The completed release permission form must return before **July 1<sup>st</sup>**.

**A copy of this form is considered as legal and binding as the original.**