



STEVENS SOCCER

# TOP 30

THE STUDENT ATHLETE EXPERIENCE  
SOCCER CAMP

## CAMP APPLICATION FORM

### Applicant Information

Applicant Last Name  First Name  M.I.

Address

City  State  Zip Code

Telephone: Daytime  Evening  Cell

Email  Date of Birth  Height/Weight

Adidas Women's Shirt Size

Please check here if you would like to be placed on the waiting list if you are not initially accepted.

Adidas Women's Short Size

### School Information

High School Name  HS Coach's Name

Grad. Year  GPA  Class Rank  of  HS Coach's Email

Intended College Major  HS Coach's Telephone

### Soccer Information

Club Team  Club Coach's Name

Position(s) played (Please Check All That Apply):  
Club Coach's Email

Forward  Back

Midfield  Goalkeeper

Club Coach's Telephone

### Roommate Request (Optional)

If possible, I would like to room with (individual's name):

### Payment Information

Check or Money Order (Please make payable to: Stevens' Women's Soccer)

Credit Card (Complete below)

Credit Card Type  Name as it appears on Credit Card

Address on file with CC Company

Credit Card Number  Exp. Date  3 Digits on Back of Card

For Visa, MasterCard, and Discover only

**To Return by Mail or Mail Payment, send to:**  
Women's Soccer Office, Scheafer Athletic Center,  
Stevens Institute of Technology, Castle Point on Hudson,  
Hoboken, NJ 07030



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Applicant First & Last Name

### **Health Insurance Information**

Insurance Provider

Policy #

Insurance Provider Telephone

### **Medical Information**

Physician's Name

Physician's Telephone

Allergies - Medicines

Allergies - Food, Insect, Other

Required Medication

Other Medical Problems

### **Immunization**    Date Received    **Immunization**    Date Received

Diphtheria

Pertussis

Tetanus

Mumps

Poliomyelitis

Rubella

Measles

### **Emergency Contact Information**

Emergency Contact

Emergency Telephone

Relationship

I certify that  (print applicant name) is in good physical condition and can participate in the Stevens Camp/Clinic/Program. Participation in any athletic program includes a risk of injury which may range in severity from minor to long-term catastrophic, even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Stevens does not screen applicants of these programs for illness, injuries, allergies or other medical conditions, which would prevent or limit participation in any athletic or outdoor program. It is the responsibility of the parent or guardian to evaluate the applicant's ability to participate in any Stevens Camp/Clinic/Program.

I,  (print parent/guardian full name), authorize Stevens to administer treatment in any emergency situation requiring medical attention. I also understand that such treatment becomes my sole financial responsibility. I hereby waive and release Stevens, and its Instructors and Employees, from responsibility for any injury or illness occurring while attending the Camp/Clinic/Program. This includes any transportation and emergency treatment.

Parent/Guardian Signature  *If submitting by email, enter initials here to show acceptance of above.*

Address

City

State

Zip Code

Stevens and all staff, including medical staff, will not administer any medication, either prescription or non-prescription, without notification on this application or a separate note by a parent or guardian.