



UNITED SPEED CLINIC



Builders of Speed, Strength, and a Healthier Soccer Athlete



Applications can be mailed to our
Administrative Offices
U.S.C.
Att - Summer Camps
513 Buttonwood Drive
Lanoka Harbor, NJ 08734
609-618-3723

TRAVEL AGE - \$95.00

PEANUTS AGE - \$70.00

GEORDIE LEAGUE - \$20.00

First Name _____ Last Name _____ Camp Location _____ Date of Camp ____/____/____

Authorization Code (for credit card payments only) _____

Date of Birth ____/____/____ Age _____ Sex _____ Program Peanuts (4 - 6 year olds), \$70.00 Travel Age (7 years+), \$95.00 Geordie League

Team Age (ex. U-8) _____ Team Town _____ Team Name (ex. United) _____

Address _____ City _____ State _____ Zip _____

E-mail Address (most info will come through e-mail) _____

Home Phone # (_____) _____ Cell/Work Phone # (_____) _____

Health Information

Name of Personal Physician _____ Phone # (_____) _____

Personal Health Insurance Carrier _____ Policy # _____

Group # _____

Check all items that apply, past or present, to camper's health history. Explain any "yes" answers.

Asthma	yes no	Diabetes	yes no	High Blood Pressure	yes no
Attention Disorder/Deficiency	yes no	Digestion	yes no	Kidney Disease	yes no
Cancer/Leukemia	yes no	Heart Trouble	yes no	Mental Illness	yes no
Convulsions/Seizures	yes no	Hemophilia	yes no	Lungs	yes no
Eyes/Ears/Nose/Throat	yes no			Takes Prescriptions Daily	yes no

Explain _____

Allergies: Food, medicines, insects, plants yes no Explain _____

Name of Parent or Guardian _____

Emergency Contacts: Name _____ Relationship _____
Phone # (_____) _____ Cell/Work Phone # (_____) _____

Name _____ Relationship _____
Phone # (_____) _____ Cell/Work Phone # (_____) _____

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult program coordinator in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date ____/____/____ Signature of Parent/Guardian or Adult _____