



UNITED SPEED CLINIC



Builders of Speed, Strength, and a Healthier Soccer Athlete

Lacey Soccer Club Wide Clinic

U8+ - July 26 - 29, 6:00 - 8:00 pm

\$75.00 per player

U5 - U7 - July 26 - 28 6:30 - 8:00

\$65.00 per player

Gille Park Field #3



Applications can be mailed to our
Administrative Offices
U.S.C.

Att - Summer Camps
513 Buttonwood Drive
Lanoka Harbor, NJ 08734
609-618-3723

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

Date of Birth ____/____/____ Age _____ Sex _____ Program _____ Peanuts (U5 - U7). \$65.00 Travel Age (U8 +). \$75.00

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

Address _____ City _____ State _____ Zip _____

Email 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 _____