

# 2004 OLD DOMINION UNIVERSITY CAMP REGISTRATION FORM

Please print information. You will receive confirmation by e-mail if you list an e-mail address.

<b>SPORT:</b>	Baseball	Boys Basketball	Girls Basketball	Field Hockey
(Please Circle)	Sailing	Boys Soccer	Competitive Swim	Wrestling
	Girls Lacrosse	Girls Soccer	Tennis	
<b>CIRCLE:</b>	Day Camp	Residential: Resident / Commuter	Team Camp: Resident / Commuter	

**CAMP DATES:** \_\_\_\_\_ **Camper's Age:** \_\_\_\_\_ **Grade (9/04)** \_\_\_\_\_

**Campers Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Position Played:** \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_ **Emergency Phone ( )** \_\_\_\_\_ **Camper's Shirt Size** \_\_\_\_\_

**Parents Name** \_\_\_\_\_ **Parent's E-Mail** \_\_\_\_\_

**Paid by:** \_\_\_\_\_ **check** \_\_\_\_\_ **Visa** \_\_\_\_\_ **MasterCard** \_\_\_\_\_ **cash or Money Order**

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Amount to be Charged \$** \_\_\_\_\_ **Parent's signature** \_\_\_\_\_

**DEPOSITS:** A deposit of \$100 is required for Field Hockey camps. A deposit of \$75.00 is required for all other camps. This fee is **NON-REFUNDABLE** and **NON-TRANSFERABLE**. This fee is **INCLUDED** in the camp registration fee.  
**PAID IN FULL:** If paying in full, \$75.00 is **NON-REFUNDABLE** and **NON-TRANSFERABLE**.  
**REFUNDS:** Written requests will be due 2 weeks prior to camp. Exceptions can be made for medical issues.

**SOCCER CAMPS:** Sand soccer matches will be held at an off campus location. I give the Old Dominion University Athletic Department permission to transport my son or daughter to these matches.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BASEBALL CAMPS:** Bats: R L Throws: R L (please circle one or both)

**MEDICAL CONSENT:** I hereby authorize the physicians, nurse practitioners, physicians assistants and staff members of the selected hospital, the Old Dominion University Student Health Service and Athletic Training Staff to examine, interview, test, and, if necessary, to treat my son/daughter as they may deem advisable and disclose such information to other responsible university officials as necessary. Each camper is covered by a \$25.00 deductible accident policy which covers a maximum of \$1,000.

**Parent/Guardian Signature** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete registration form, and mail (with payment) to:**  
**Old Dominion University, Athletic Camp Office, Room 101 H& PE, Norfolk, VA 23529.**  
**Athletic Camp phone # 757-683-4358/fax #757-683-5423 (credit card registrations ONLY)**