

2009 NMU SOCCER CAMP



Name: Last _____ First _____

Address: _____ State: _____ Zip: _____

Phone: Home: _____ Work/Cell: _____

Age: _____ Grade as of September 2009: _____ Date of Birth: _____

Parent/Guardian Name: _____

E-mail Address: _____

Health Insurance Carrier/Policy Number: _____

Restricted Activities: _____

Known Drug Allergies: _____

Medical Conditions: _____
(i.e. diabetes, asthma, cardiac conditions)

Medications: _____

Authorization: I consider the soccer registrant above to be in good health and permission is granted to participate in all summer program activities, unless otherwise indicated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son/daughter. I understand that I will be notified in case of serious illness. All medical bills incurred by my son/daughter will be my responsibility.

Parent Signature: _____ Date: _____

Complete registration form with payment. Please note: **Full payment is required upon registration.**
Make check or money order payable to: Northern Michigan University

CREDIT CARD HOLDERS ONLY:

Card # _____ Exp. Date _____

Amount \$ _____ Print Name: _____

Signature _____

Paid _____ Date _____ Method _____ Confirm _____

**Soccer Camp
June 22 - 26, 2009**

Camp fee:

* \$10.00 family discount if 2 or more children from the same family register (applies to same camp only)

Please check one of the following:

- Day Camp, 9 a.m. - Noon (ages 5-17) **\$100**
- Day Camp, 1-4 p.m. (ages 5-17) **\$100**
- Day Camp, 9 a.m. - 4 p.m. (ages 8-17) **\$140**

**Full payment is required upon registration
Registration Deadline: 1 week prior to camp**

Refund Policy

All cancellations must be received in writing, by fax or e-mail. Full refunds will be made for cancellations received at least 10 days before camp begins. Once this deadline has passed, refunds will be assessed a \$25 fee for administrative expenses. For refunds, the postmark for the cancellation letter, fax machine date stamp or e-mail date will determine the date to be used to establish the refund amount. Written requests must explain the reason for cancellation request.

Refunds for campers who leave early will be based on the cost of housing and food, the number of instructional periods attended and the deduction of the \$25 administration fee.

The refund policy will be strictly enforced regardless of the reason for cancellation or early departure. Departing campers should consult with the camp director when an early departure or cancellation is necessary.

If camp is cancelled or postponed, the University will refund registration fees but cannot be held responsible for any related costs, charges, or expenses including cancellation/change charges assessed by airlines or travel agencies.

All refund requests must be sent or faxed to:
Intercollegiate Athletics and Recreational Sports
1401 Presque Isle Ave.
PEIF Office 126
Marquette, MI 49855
Fax: 906-227-1694

Mail registration form and payment to:
Intercollegiate Athletics & Recreational Sports
1401 Presque Isle Ave.
PEIF Office 126
Marquette, MI 49855