

# Albany State University Camp Registration Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address of Guardian if different from student: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Where did you hear about our camp?

\_\_\_\_\_

Does your camper have any allergies, health or medical conditions that could affect his/her participation in camp? If yes, please specify and list allergies.

\_\_\_\_\_  
\_\_\_\_\_

Is your camper allowed to swim? (Please state either "yes" or "no")

\_\_\_\_\_

Please list names and phone numbers of those with permission to pick your child up from camp.

- 1.
- 2.
- 3.

Camp Name: \_\_\_\_\_

Date: \_\_\_\_\_ Price: \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Method of Payment (circle one): Check or Credit Card

-Please make checks out to "*Albany State Foundation*" (*Women's Soccer*)

-Please contact Head Coach Alex Pickrell with any questions at [Alexandria.pickrell@asurams.edu](mailto:Alexandria.pickrell@asurams.edu)