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