



Proudly sponsor:
Siena College Summer Sports Camps
2020 Application Form

To be completed by parent or guardian. Please complete all sections. This form may be copied for additional applications.

Please indicate which camp(s) you are registering your child for. *A confirmation will be sent to the email address provided.*

<input type="checkbox"/> Coed Dance Camp	July 6 th – July 10 th \$360.00	<input type="checkbox"/> Coed Rugby Camp	July 27 th – July 30 th \$290.00
<input type="checkbox"/> Coed Soccer Camp Session I	July 6 th – July 10 th \$360.00	<input type="checkbox"/> Girls' Basketball Day Camp	July 27 th – July 31 st \$360.00
<input type="checkbox"/> Coed Soccer Camp Session II	July 13 th – July 17 th \$360.00	<input type="checkbox"/> Boys' Lacrosse Camp	July 27 th – July 31 st \$360.00
<input type="checkbox"/> Girls' Lacrosse Camp	July 20 nd – July 24 th \$360.00	<input type="checkbox"/> Boys' Basketball Day Camp Session I	August 3 th – August 7 th \$360.00
<input type="checkbox"/> Coed Volleyball Camp	July 20 nd – July 24 th \$360.00	<input type="checkbox"/> Boys' Basketball Day Camp Session II	August 10 th – August 14 th \$360.00

If camp is full, do you wish to be put on a waiting list? Yes No

Last Name First/Preferred Name Middle Initial Male Female
Please circle one

_____/____/____
Birth date Age Height Weight Home Phone #

Home Address City State Zip

School Grade - as of Fall 2020

Mother/Guardian First and Last Name Daytime Phone Cell Phone

Father/Guardian First and Last Name Daytime Phone Cell Phone

Parent(s)/Guardian(s) Email: _____

T-Shirt/Jersey Size (circle one): Adult: S M L XL

Your payment in full must accompany this form. Fax registrations must include credit card payment information.

___ Enclosed is a check, *payable to Siena College* to cover the full registration fee.

___ Charge the full amount to my: ___ Visa ___ MasterCard

Cardholder's name as it appears on card (please print)

Cardholder's signature

_____ / _____
Card Number

Exp. Date (mm/yyyy)

(Credit cards cannot be processed without signature and expiration date)

To apply for camp, complete ALL PARTS and mail to: Siena College
Office of Business Affairs
Trustco Bank Center
515 Loudon Road
Loudonville, NY 12211-1462
OR Fax to: 518-782-6928

For further information, please call the Summer Camp Coordinator at (518) 782-6542,
Or visit our website at <https://sienacamps.com/> for online registration.

Don't forget to: Include the parental/guardian signatures on the medical treatment authorization, release and indemnification agreement, authorization for child release, student walking/riding home unsupervised (if applicable) and permission to participate.

Enclose payment in full.

HEALTH FORM

Please check camp(s) that applicant will be attending:

___ Dance (co-ed) ___ Boy's Lacrosse ___ Girl's Lacrosse
___ Soccer I (co-ed) ___ Soccer II (co-ed) ___ Volleyball (co-ed) ___ Rugby (co-ed)

BOY'S BASKETBALL

___ Day Camp I ___ Day Camp II

GIRL'S BASKETBALL

___ Day Camp

_____ **Camper's Last Name, First Name, Middle Initial** _____ **Home Phone**

Physical Conditions that the clinician should be aware of – including allergies both food and medicine, recurring illnesses, disabilities, chronic illnesses, etc.: _____

Medication – list any medications camper is currently taking: _____

Date of most recent tetanus immunization: _____ (if more than ten years ago, a booster shot is recommended)

Date of first MMR (Measles/Mumps/Rubella) ____/____/____ **Date of last MMR** ____/____/____

Date of last polio vaccination ____/____/____ **Date of first DTP** ____/____/____

Emergency Contact Information – who should be called in case of emergency?

_____ **Name and relationship** _____ **Daytime Phone** _____ **Cell Phone**

_____ **Name and relationship** _____ **Daytime Phone** _____ **Cell Phone**

Name of family primary care physician: _____

Phone number: _____

Address of family/primary care physician: _____

Medical Treatment Authorization

I hereby authorize the Siena College athletic training staff, Siena College Summer Camp Staff, and referred doctors, nurses or emergency medical personnel to provide care that includes routine diagnostic procedures (i.e. x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter _____.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians, Siena College athletic training staff, Siena College Summer Camp Staff and emergency personnel to perform any necessary emergency treatment.

⇒ BOTH SIGNATURES REQUESTED:

Mother/Guardian:

Signature: _____

Print Name: _____

Date: _____

Father/Guardian:

Signature: _____

Print Name: _____

Date: _____

Insurance Information

Please indicate if applicable: ___ HMO ___ PPO

Insurance Company Name

Insurance Company Address (Street Number or PO Box)

City

State

Zip

Insurance Company Phone Number (include area code)

Policyholder's Name

Policy Number

Group Number

RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

PARTICIPANT: (Name and Address)

I am the Parent/Guardian of the above-named Participant in this sports camp sponsored by Siena College who is under eighteen years of age and I am fully competent to sign this Agreement.

I give permission for Participant to participate in the sports camp activities. I acknowledge that the nature of the sports camp activities may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the sports camp activities to the fullest extent permitted by law, I hereby accept all risk to Participant’s health and of his/her injury or death that may result from such participation and I hereby release Siena College, its governing board, officers, employees and representatives from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the sports camp activities whether caused by negligence of Siena College , its governing board, officers, employees, or representatives, or otherwise. I further agree to defend, indemnify and hold harmless Siena College and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in the sports camp activities.

I HAVE CAREFULLY READ THIS AGREEMENT, AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE SPORTS CAMP ACTIVITES AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

By signing this document I am giving Siena College permission to use my photo and/ or video for publicity purposes. This includes all marketing and communications materials that promote the activities and opportunities available at Siena College.

BOTH SIGNATURES REQUESTED:

Mother/Guardian:

Father/Guardian:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Transportation:

Children participating in this sports camp will be transported to and from the activities by their parents/guardians/some other authorized adult; no College staff/student-athlete/volunteer/contractor will provide such transportation (unless they are also the parent/guardian/authorized adult of the child). If child will be walking/riding home without parent/guardian/some other authorized adult, please complete permission form.

Authorization for Child Release

Other than Parent/Guardian: Person(s) authorized to pick up child (must be 16 years of age or older)

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that:

- 1) If parent/guardian transports child home from program, the child will be released only to the parent /guardian or person authorized for child’s release;
- 2) The parent/guardian or authorized person may be asked for a picture ID before the child is released to them.
- 3) If child will be walking/riding home unsupervised, a permission form must be completed or parent/guardian will need to pick child up after camp

NO EXCEPTIONS WILL BE MADE TO THIS POLICY

This consent is valid from the date of signature: unless parent/guardian notifies staff member in writing that they no longer want this consent to be active

BOTH SIGNATURES REQUESTED:

Mother/Guardian:

Father/Guardian:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

**Permission Form
Student walking/riding home unsupervised**

*This form should be completed and on record with the Siena College Sports Camp for any child who will not be picked at the end of the day by a parent/guardian/authorized adult.

Child’s Name _____ Age _____

I give my child permission to walk/ride home unsupervised from summer sports camp. I understand that in granting this permission Siena College Sports summer camp is authorized to release my child at the field/gym. I also understand that my child must leave the college property at dismissal time and will not be allowed to linger on college property. If my plans should change and my child needs to follow a different dismissal arrangement, I will contact the camp with instructions in writing for my child.

BOTH SIGNATURES REQUESTED:

Mother/Guardian:

Father/Guardian:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Permission to Participate

I, the undersigned, individually as parent(s) and/or guardian(s) of _____
a minor, give permission for my child to participate in the items checked below:

___ 1) To have sunscreen applied as necessary

___ 2) To have bug spray applied as necessary

BOTH SIGNATURES REQUESTED:

Mother/Guardian:

Father/Guardian:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

All of Siena College sports camps are inspected twice yearly and governed by the County of Albany Department of Health. Records are available at the Dept. of Health, 175 Green St., Albany, NY 12201.