



# THE U University Sports Complex

## Registration Form April Fun and Games

PO Box 943 Hanover, MA 02339 • 781.996.3053 • [www.theuhanover.com](http://www.theuhanover.com)

Please check an option:

☐ Full Day \$65    ☐ 3 Sessions \$100    ☐ 4 Sessions \$125    ☐ 3 Full Days \$165    ☐ 4 Full Days \$200  
(10% off for siblings)

### CAMPER INFORMATION

Name of Camper: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering Fall of 2015: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please provide additional emergency contact(s). Anyone listed below will be authorized to pick-up your child unless otherwise noted.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

### CAMPER/PLAYER HEALTH INFORMATION

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any medications that your child is taking: \_\_\_\_\_

Please list any conditions your child is under the care of a physician for: \_\_\_\_\_

Please list any allergies that your child has: \_\_\_\_\_

### MEDICAL RELEASE

I authorize any medical treatment which may be required or recommended by an authorized Emergency Medical Technician, Doctor, Nurse or Trainer for:  
(Player Name) \_\_\_\_\_ while attending any camp at The University Sports Complex.

I hereby release The University Sports Complex, employees and staff from any and all liabilities from injuries sustained during my child's participation in the Camps hosted by The University.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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