

# Pioneers Camp Registration Form

*Must be completed and signed*

Name \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ph. No. \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Field Player \_\_\_\_\_ GK \_\_\_\_\_ WUP Team \_\_\_\_\_

T-Shirt Size (circle one) YM YL AS AM AL AXL

I/We hereby authorize the Western Mass Pioneers Camp to act in my/our behalf in obtaining emergency medical treatment for my/our above named son/daughter if I/we are unavailable to do so myself/ourselves

PLEASE PRINT Parent/Guardian \_\_\_\_\_

Ph. No. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Insurance Coverage \_\_\_\_\_

Doctor \_\_\_\_\_

Dr.'s Ph. No. \_\_\_\_\_

Allergies and/or Medication \_\_\_\_\_

I/We, the parents of \_\_\_\_\_ give my/our approval to participate in the Western Mass Pioneers Summer Camps. I/We assume all risks and hazards incidental to such participation; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Western Mass Pioneers, organizers, trainers, coaches, sponsors, and adult supervisors for any claim arising out of injury to my/our child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Session – please check all that apply

Ludlow I June 26  Ludlow II July10

Ludlow III July 17  Ludlow IV July24

Ludlow V July 31

JHS Prep1 Aug 7  JHS PrepII Aug14

**DISCOUNT** \_\_\_\_\_

**Registration Deadline: 2 weeks prior to start of camp**

**Make checks payable to:**

Western Mass Pioneers P.O. Box 457 Ludlow, MA 01056