

*The following five (5) forms **must** be received before the start of camp. We prefer you mail them in advance of camp check-in, or you can bring them with you to check-in.*

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**Parent/Guardian Consent and Release from Liability Agreement**

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***Please read the following information carefully before signing.***

All blank lines must be completed.

Activity: Michigan Boys Soccer – Residential Camp

Activity Time Period: July 11-15, 2010 and/or July 18-22, 2010

Activity Sponsor: Michigan Men’s Soccer, LLC

Participant Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

In consideration for allowing Participant to participate in Activity, I/we, as parents and/or guardians of Participant, agree to the following:

- Authorize Participant to participate in the Activity for the Activity Time Period stated above.
- Release, indemnify and hold harmless the Activity Sponsor and University from any and all damages, except for damages caused by the sole gross negligence or intentional misconduct of Activity Sponsor or University, arising out of the participation of Participant in the Activity.
- Prior to the commencement of the Activity, I/we were made aware of the nature of the Activity, had sufficient opportunity to inquire further, and understand the Activity has inherent risks and I/we and Participant assume, on behalf of Participant, all those inherent risks.
- While participating in the Activity, Participant is subject to the policies, rules and regulations of the University and Activity Sponsor. Possession of fireworks, explosives, any weapon, illegal drugs or alcohol is prohibited and cause for immediate expulsion from the Activity. Further, any Participant repeatedly disobeying University or Activity Sponsor policies, rules or regulations may be expelled from the Activity.
- Authorize Activity Sponsor, its employees, clinicians, trainers, nurses and agents (collectively, “Activity Sponsor”) the authority to seek, obtain, and approve any medical care and treatment including, but not limited to x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which may be recommended and provided under the general supervision of any physician or surgeon, for P
- Participant which, in their judgment, is necessary for the health and well-being of Participant during his/her participation in the Activity. I/We further agree that I/we are(am) solely responsible for any costs incurred and agree to hold the Activity Sponsor and the Regents of the University of Michigan, their employees and agents (collectively, “University”) harmless for any liability arising out of any good faith action taken in obtaining medical treatment for Participant.

The above agreements are binding upon us, our estates, heirs, representatives and assigns.

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

Date \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

<p>Return to: <b>Michigan Men’s Soccer, LLC</b> PO Box 4004 Ann Arbor, MI 48106 Fax: (734) 647-7825</p>
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## Health Insurance Information Sheet

(Each Participant Must Have This Form on File Before the Start of Camp)

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Private insurance information must be provided, if applicable. Please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Participant Name \_\_\_\_\_

Participant's Address \_\_\_\_\_

Participant's Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Phone Number of Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

Policyholder's Address \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Contract # \_\_\_\_\_ Employee Number \_\_\_\_\_

**I hereby authorize the release of any medical information which might be needed in connection with payment for medical services. I also request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for all costs not paid by my medical insurance program.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Emergency Information and Contact Sheet

*Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.*

Name of Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Address \_\_\_\_\_

Person(s) to be contacted in case of Emergency:

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

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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**U-M Summer Camp Health Questionnaire**  
 To be filled out by Participant's Parent or Guardian  
 (Each Participant Must Have This Form on File Before the Start of Camp)

**Participant** \_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** M F

**Address** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone**( ) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **CampType** Boys Soccer Camp

**Medications: indicate medication(s) which is/are taken on a regular basis:**

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Directions \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Directions \_\_\_\_\_

Note: Participant should bring an adequate supply of their medication(s) with them.

**Explain any "yes" answers below:**

**Yes**      **No**

**Nervous System:** Has the participant ever:

- |    |                                                    |                          |                          |
|----|----------------------------------------------------|--------------------------|--------------------------|
| 1. | had a head injury?.....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | been knocked out or unconscious?.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | had a seizure?.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | had a stinger, burner or pinched nerve?.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | had any problems with his/her eyes or vision?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | worn glasses, contacts or protective eyewear?..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Circulation:** Has the participant ever:

- |     |                                                                                       |                          |                          |
|-----|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7.  | been dizzy or passed out during or after exercise?.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | had chest pain during or after exercise?.....                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | tired out more quickly than their friends during exercise?.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | been told he/she has a heart murmur?.....                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | had racing heart or skipped heartbeats?.....                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | had anyone in their family died of heart problems or sudden death before age 50?..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Respiratory:**

- |     |                                                                                          |                          |                          |
|-----|------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 13. | Does the participant ever have trouble breathing or cough during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|------------------------------------------------------------------------------------------|--------------------------|--------------------------|

**Musculoskeletal:**

- |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 14. | Does he/she frequently have heat or muscle cramps?.....                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Do he/she use any special equipment (pads, braces, neck rolls, mouth guards, etc.)?.....                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Has she/he had any injuries of any bones or joints?.....                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
|     | <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle<br><input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Thigh <input type="checkbox"/> Calf <input type="checkbox"/> Foot |                          |                          |

- |     |                                                                              |                          |                          |
|-----|------------------------------------------------------------------------------|--------------------------|--------------------------|
| 17. | Skin: Does she/he have any skin problems (itching, rashes, acne, etc.)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|------------------------------------------------------------------------------|--------------------------|--------------------------|

**General:**

- |     |                                                                                                        |                          |                          |
|-----|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 18. | Has he/she ever had surgery or been hospitalized?.....                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Has he/she had any other medical problems (infectious mono, diabetes, high blood pressure, etc.)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Is he/she taking any medications or pills?.....                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Does he/she have any allergies (medicines, bees or other stinging insects)?.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | When was the participant's last tetanus shot? _____                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | When was the participant's last measles immunization? _____                                            |                          |                          |

**Explain "Yes" answers:**

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_

Return to:  
**Michigan Men's Soccer, LLC**  
 PO Box 4004  
 Ann Arbor, MI 48106  
 Fax: (734) 647-7825

## Physical Examination Information

(Each Participant Must Have This Form on File Before the Start of Camp)

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Each participant must EITHER attach a copy of a physician conducted sports examination applicable to this current academic year OR have a physician complete and then sign the form below.

Clearance: (circle one)

A. **Cleared**

B. **Cleared after completing evaluation / rehabilitation for:** \_\_\_\_\_

C. **Not cleared for:**  Collision

Contact

Noncontact:  Strenuous  Moderately strenuous  Nonstrenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Signature of physician \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Phone \_\_\_\_\_

Return to:  
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PO Box 4004  
Ann Arbor, MI 48106  
  
Fax: (734) 647-7825

**2010**  
**UNIVERSITY OF MICHIGAN**  
**SUMMER PROGRAMS**

Dear Participant and Parent/Guardian:

Residence Hall Rules and Regulations with regard to participant conduct and the use of facilities are established in compliance with state and federal laws and the University of Michigan Regents' by-laws. Program registration is predicated upon the understanding of these rules and regulations. All program participants must abide by them regardless of age. This includes counselors, staff, coaches, trainers, and other program personnel residing in the residence halls. The cooperation of everyone is required if summer programs are to be successful, rewarding, and fun for all participants. **Please read** over the rules and regulations with your participant, sign the residence hall rules and regulations agreement, and present the signed agreement at Housing registration.

Thank you for your cooperation. Questions concerning housing, should be directed to (734) 764-5325.

Sincerely,

Sara Schwartz  
Program Coordinator  
Conference Services

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**PLEASE READ AND SIGN BELOW:**

We have read the Rules and Regulations governing the behavior of campers in University of Michigan Camp Housing. We understand and agree to abide by them. We understand that failure to abide by these rules and regulations may result in various forms of discipline, up to and including immediate dismissal from the program.

\_\_\_\_\_  
Parent/Guardian Signature\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*Required if under 18 years

## **2010 RESIDENCE HALL RULES AND REGULATIONS**

**Review with camper and keep the next two pages for your records.**

### **CONDUCT**

Acts of discrimination or discriminatory harassment based upon an individual's race, sex, color, religion, creed, national origin or ancestry, age, marital status, handicap, Vietnam-era status, or sexual orientation are a serious violation of University policy and will be dealt with promptly. Sexual harassment is illegal under both state and federal law. In some cases, it may be susceptible to prosecution under the criminal sexual conduct law.

Alcoholic beverages, illegal drugs, laser pens, fireworks, explosives, and all weapons are absolutely prohibited in the hall. It is against the law to tamper or misuse building fire alarm or fire-fighting equipment. Tampering with or misuse of elevator alarms, emergency call buttons or calling 911 from a room or elevator telephone, except in an emergency, is against the law. Penalties will be enforced. Each room will be inspected before departure and any damages to the room or to University property will be assessed and charged equally to all persons who occupied the room. The room must be left in the same condition as it was received during move in. Do not fasten anything to the walls or tamper with window screens. Excessive litter will result in a housekeeping charge to each camper assigned to the room.

Appropriate behavior is expected at all times. Do not bounce soccer balls or play soccer anywhere in the dormitory. Excessive noise or rowdiness will not be tolerated. Radios must be turned off at lights-out time and kept low in the morning hours. The use of candles or other open flames, explosives of any type including smoke bombs, "snaps", or fireworks are dangerous and their use or presence in the residence halls is prohibited since they endanger all occupants.

**-- SMOKING IN THE BUILDING IS PROHIBITED --**

### **VISITORS**

**ALL VISITORS, INCLUDING PARENTS, MUST CHECK-IN FIRST WITH THE FRONT DESK WHEN VISITING A CAMPER.** Only participants and program staff are allowed in the living areas of the building. At no time are participants permitted in the living areas to which they are not assigned.

### **HOURS**

The Bursley Front Desk scheduled hours are M-F 8:00 am to 10:00 pm, Sat 10:00 am to 7:00 pm and Sun 10:00 am to 10:00pm. *The Front Desk hours are subject to change.* All exterior doors are locked 24-hours per day for security. Corridor doors are locked at 10:00 pm and campers must have a counselor with them to enter the rooming wings after that time. Special activities may be planned in the evening by Program Staff. Security and/or residence hall staff may request additional identification if there are questions about the whereabouts or identity of a participant.

### **PERSONAL PROPERTY**

The University assumes no responsibility for personal property. **Please leave valuable items such as stereos, CD players, video games and cameras at home.** Bring only a small amount of personal expense money with you since the halls do not have any secured storage facilities. Traveler's checks in small denominations are recommended as the safest way to carry money. If camper's parents' personal property insurance policy does not cover personal possessions away from home, the purchase of a short-term rider is suggested.

### **FOR SECURITY, ROOM DOORS ARE LOCKED AT ALL TIMES.**

Participant should bring their dorm key with them at all times (even when going to the bathroom).

### TELEPHONES

Room telephones are available in the room. Participants may place collect and credit card calls from their room and receive long distance calls (not collect).

### KEYCARD, LANYARD, CARD HOLDER

A room keycard, m-card, card holder, and a lanyard will be issued at the check-in for purposes of identifying residential campers. If a keycard is lost, a temporary card will be issued at the front desk. There will be a charge of \$5.00 for a lost keycard. The room keycard, lanyard and card holder should not be loaned to anyone and are not transferable.

### DAMAGES

Room checks will be conducted by camp staff to determine room damages. Any damages caused in the rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property. **If no single party can be identified, the occupants of the room or the entire assigned hall will be charged accordingly.**

### MAIL

Mail will be distributed to program organizer or head counselor. Mail should be addressed as follows:

Participant's Name  
Name of the Program  
Bursley Residence Hall  
1931 Duffield Street  
Ann Arbor, MI 48109-2080  
734-764-4153

### LINENS & ITEMS TO BRING

Participants are responsible for bringing their own toiletries, bed sheets, blankets, pillows, and towels. Other recommended items include an alarm clock, a fan, and hand sanitizer.

### EARLY DEPARTURES

If a Participant must leave before the official ending date for the program, or if they are being picked up by someone other than the participant's designated parent/guardian, you must make sure that the participant's camp coach is aware of this information.

### PENALTIES

**VIOLATION OF ANY OF THESE RULES AND REGULATIONS MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING, IMMEDIATE DISMISSAL FROM THE PROGRAM.** At times, a verbal warning may be given to the camper to correct improper behavior. Participants who endanger themselves or others, or who continue to commit violations after having been warned, will be sent home. The parent/guardian will be notified.