

Send completed application and payment to: Far West Wheelchair Athletics Association C/O John Connolly 14620 Nelson Way San Jose, CA 95124 Email: <u>connolly14620@gmail.com</u> Website: <u>www.fwwaa.org</u>

2019 San Jose Power Soccer Camp Application Saturday, August 10th – Monday, August 12th Bascom Community Center Gym 1000 S. Bascom Ave San Jose, CA 95128

Camper's Fa	amily Last Name:	E-Mail:		
Address:				
	Steet	City	State	Zip
Phone:		Person completing application:		

List Names of those attending:

Athlete & Personal Care Attendant (PCA) Name	Birth Date	Attendee Type	Camper Fee
		Day Camper Athlete	\$180
		Day Camper PCA	\$0

Cost of Camp:

Day Camper: \$180		
Includes Gym Access:	Saturday	10am – 5pm
	Sunday	10am – 5pm
	Monday	9am – 4pm

Day Camper Personal Care Attendant: \$0 (No Fee)

Includes Gym Access:	Saturday	10am – 5pm
	Sunday	10am – 5pm
	Monday	9am – 4pm

What activities do you want do while at Power Soccer camp:

	Emergency Contacts:
Name	Relationship to applicant
Cell # ()	Work # ()
Name	_Relationship to applicant
Cell # ()	Work # ()

Method of Payment

Full payment of \$______enclosed on Check #_____

Make Checks Payable to: FWWAA

Write in Memo Line: Power Soccer Camp

Mail to: FWWAA Attn: Power Soccer Summer Camp 14620 Nelson Way San Jose, CA 95124

Photos and Funds

Publicity Release: FWWAA uses photographs, images, or recordings of applicants for publication in brochures, email, website, and various other media to promote services, or to recruit volunteers and staff. The applicant named above **MAY be included** in these promotional materials.

Release Signatures

Attendance Release: I hereby give my permission for the applicants named above, to participate in FWWAA sponsored and supervised programs. I certify that the information on the application is true, accurate, and complete. FWWAA emphasizes safety first; however participation in FWWAA programs has inherent risks that may result in injury. I acknowledge and accept this fact and agree to hold harmless FWWAA, its employees, and agents.

Emergency Release: In the event that parent or guardian cannot be reached in an emergency I hereby give permission to the non-medical staff selected by FWWAA to provide routine health care, administer prescribed and comfort/first aid medications, and if needed, seek emergency medical treatment including x-rays, routine tests and treatment for applicant named above. I hereby give permission to the physician selected by FWWAA to secure and administer treatment including hospitalization, injections, anesthesia or surgery, for the applicant named above. I give permission to obtain copies of treatment and health records from any provider and I agree to release information and records necessary for treatment. FWWAA cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

(Required) Signature of Parent, legal guardian, applicant if own guardian, or legal guardian

Date Signed