Proudly sponsor:
Siena College Summer Sports Camps
2022 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.

__ Coed Dance Camp (ages 6-17)
__ Coed Soccer Camp Session I (ages 6-17)
__ Coed Soccer Camp Session II (ages 6-17)
__ Girls’ Lacrosse Camp (ages 8-17)
__ Coed Volleyball Camp (ages 8-17)
__ Girls’ Basketball Camp Session I (ages 7-14)
__ Girls’ Basketball Camp Session II (ages 7-14)
__ Boys’ Lacrosse Camp (ages 7-17)
__ Boys’ Basketball Day Camp Session I (ages 6-17)

July 5th – July 8th
$290.00
July 5th – July 8th
$290.00
July 11th – July 15th
$360.00
July 18th – July 22nd
$360.00
July 18th – July 22nd
$360.00

July 5th – July 8th
$290.00
July 11th – July 15th
$360.00
July 18th – July 22nd
$360.00

June 27th – July 1st
$360.00
July 25th – July 29th
$360.00
July 25th – July 28th
$290.00
August 1st – August 5th
$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

/ / Birth date  Age  Height  Weight  Home Phone #

Home Address  City  State  Zip

School  Grade - as of Fall 2022

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:

___ Boy’s Lacrosse      ___ Girl’s Lacrosse      ___ Volleyball (co-ed)
___ Soccer I (co-ed)    ___ Soccer II (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:                     Father/Guardian:
Signature: ___________________________  Signature: ___________________________
Print Name: ___________________________  Print Name: ___________________________
Date: ______________________________  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 ACTIVITIES 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: ____________________________
Print Name: ____________________________
Date: ____________________________

Signature: ____________________________
Print Name: ____________________________
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)

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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: 
Signature: _________________________
Print Name: _______________________
Date: ___________________________

Father/Guardian: 
Signature: _________________________
Print Name: _______________________
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.