

World Camp USA

The Next Step

"Where is your game going?"

2010 World Camps

Don't Wait — Apply Today!

1. Complete ALL information with signatures.

2. Send Application to:

World Camp USA
PO Box 408
North Falmouth, MA 02556

Phone 1-800-793-5575 :: Fax 508-563-2097
 eMail: info@worldcampusa.com / www.worldcampusa.com



3. Enclose application check or money order for \$100. payable to: World Camp USA

\$100. Deposit to be sent with your Application (non-refundable).
 Your \$100 will be returned if the camp is fully booked.
 Balance due by May 15 or you risk loss of your roster spot.
 If signing-up after May 15 - send in full payment with application.

General Information

\$100 deposit is non-refundable ► NO REFUNDS if you cancel 31 days or less prior to camp start date. ► You must notify us in writing if you cancel - by mail or Fax: 1-(508)-563-2097. ► Players who cancel can transfer their roster spot to a new, yet unregistered, camp recruit. ► Players who leave camp, due to injury can receive a 50% credit for the following year ► No player will be allowed to start camp without full payment having cleared. ► Visa & Master Card can be accepted. ► A confirmation letter will be mailed within 31 days of receipt of application. ► Overnighters Register at 8:30 AM on the first day of camp and finish at 1:30 PM on the last day of camp. ► Day Clinics registration begins at 8:30AM and day ends at 7:00PM. ► Please note: Rooms & roommates are assigned based on your school or club affiliation as designated on the application. Make sure this is the same as your intended roommate(s).

Program cost: 4-day Overnight Camp only \$499.
4-day Commuter Camp only \$360.
\$20. overnight discount for teams of 12 or more (call for details)

WORLD CAMP USA 2010 :: APPLICATION ::

PRINT PLAYER NAME _____

PLAYER ADDRESS _____

TOWN _____ STATE _____ ZIP _____

Email _____

PARENT(S) NAME _____

PHONE () _____

SCHOOL _____ COACH _____

COACH'S EMAIL _____

POSITION(S) _____ GRADUATION YEAR _____

CIRCLE YEARS OF EXPERIENCE:

JUNIOR H.S.	1	2	H.S. VARSITY PLAYER	1	2	3	4	
H.S. JV	1	2	3	H.S. VARSITY STARTER	1	2	3	4

Parent / Guardian Release and Agreement: I hereby authorize the Camp or its representatives to obtain emergency medical treatment on behalf of my daughter in the event that, in the opinion of said Camp, my daughter is in need of such treatment. I further agree that I will be responsible for the payment of any and all medical treatment, associated transportation costs or medicines of any nature which may arise in connection with any sickness or accident which may occur during the Camp, whether such expense is incurred during or subsequent to the Camp, and will indemnify and hold harmless the Camp and further release the Camp, or its representatives for any damages sustained by me in connection with providing of medical treatment. I acknowledge and understand that World Camp USA camps are privately run sports camps and have no affiliation or partnerships with the venues and/or facilities at which they are operated. I agree to hold the Camp location, venue and/or host, its facilities, management and employees as well as Expanding Horizons, Inc., World Camp USA and its officers, agents, employees, coaches, chaperones and officials harmless from and against any and all claims for injury, costs, liability, damages or loss to person or property which may be sustained or occur while at Camp, whether or not they are due to negligence and in consideration I give my consent for my child named on the application to participate in all sport activities at the Camp. Also, any damage caused by my daughter to camp or facility property will be her responsibility to remedy or reimburse. I hereby acknowledge that the risk of injury is involved in sports participation. My daughter is physically fit and able to participate in strenuous activities and attend this camp.

Medical Insurance: _____

Policy #: _____ Allergies: _____

► WHICH 2010 WORLD CAMP WILL YOU ATTEND ?

UMASS DARTMOUTH JULY 12 -15	<input type="checkbox"/> COMMUTER	<input type="checkbox"/> OVERNIGHTER
MONMOUTH U. JULY 19 - 22	<input type="checkbox"/> COMMUTER	<input type="checkbox"/> OVERNIGHTER
SWARTHMORE COLLEGE JULY 12 - 15	<input type="checkbox"/> COMMUTER	<input type="checkbox"/> OVERNIGHTER
SWARTHMORE OVERNIGHT ONLY	<input type="checkbox"/> JULY 19 - 22	<input type="checkbox"/> JULY 26 - 29 <input type="checkbox"/> AUG 2 - 5

 PARENT/GUARDIAN SIGNATURE REQUIRED DATE