

# University of San Diego Team Camp Registration Form

School Name: \_\_\_\_\_ School Phone: ( ) \_\_\_\_\_

School Address: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach Phone: ( ) \_\_\_\_\_

Coach Email: \_\_\_\_\_

Varsity: \_\_\_\_\_ JV: \_\_\_\_\_ Freshmen: \_\_\_\_\_ Resident: \_\_\_\_\_ Non-Resident: \_\_\_\_\_

Number of Players: \_\_\_\_\_ Number of Coaches: \_\_\_\_\_

Names & phone number of coaches staying in residence halls:

\_\_\_\_\_ ( ) \_\_\_\_\_ Male / Female  
\_\_\_\_\_ ( ) \_\_\_\_\_ Male / Female  
\_\_\_\_\_ ( ) \_\_\_\_\_ Male / Female

- A non refundable \$100 deposit is due 3 weeks prior to camp
- Full payment is due 10 business days prior to the first day of camp
- Roster is due no later than 48 hours prior to camp
- Changes to the roster must be submitted to an athletic trainer prior to the first camp session
- Each player must submit a medical/liability form in order to participate in camp
- Refunds will not be given for expulsion or voluntary withdraw from camp
- All resident teams must abide by the residence hall policies at all times

Head Coach Signature: \_\_\_\_\_

Head Coach Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



Do not write in this section: CAMP OFFICE ONLY

Deposit: Y N                      Check Number: \_\_\_\_\_  
Resident / Non Resident              Number of Players: \_\_\_\_\_  
Number of Teams: \_\_\_\_\_              Number of Coaches: \_\_\_\_\_  
Total Due: \$ \_\_\_\_\_              Check Number: \_\_\_\_\_  
Paid with credit card: Y N              Paid in full: Y N