



2008 AGA Summer Go Camp Registration Form



East Coast Go Camp
July 19th – July 26th, 2008

Madison Suites Hotel
Somerset, NJ

Participant (camper) Registration:

Name _____ Age at camp _____

Address _____

E-mail: _____

Birthdate: _____ Gender: M F Grade Next Fall: _____

Shirt Size: *(Circle One)* YXS YS YM YL YXL AS AM AL AXL AXXL

Home Phone: (____) _____ Cell Phone: (____) _____

AGA Number: _____ Expiration Date: _____ Current Rank: _____

* AGA Membership Required

Check all that apply: I am ready to play Go for a solid week! Hikaru no Go started me on Go!

I read Shonen Jump! I subscribe to Shonen Jump!

Contact Parent/Guardian Information:

Relationship to camper: _____

Name(s): _____

E-mail: _____

Day Phone: (____) _____ Cell Phone: (____) _____

Evening Phone: (____) _____ Alternate: (____) _____

EMERGENCY CONTACT Information: (if parent/guardian cannot be reached)

Relationship to camper: _____

Name(s): _____

Day Phone: (____) _____ Cell Phone: (____) _____

Evening Phone: (____) _____ Alternate: (____) _____

	Camp Cost	Subtotal
Full Camper (full experience)	\$650	
Day Camper (lunch/dinner) ~ arrive at 9am	\$450	
US Youth Go Championship Scholarship	-\$400	
AGF Go Camp Scholarship	up to -\$250	
if postmarked after 4/26/08	+\$50	
AGA Youth Membership *see note below	\$10	
Newark Airport (EWR) <i>Pickup 7/19: noon - 3pm ~ Dropoff 7/26: 10am - 1pm</i>	FREE	
Donation to East Coast Go Camp (optional)		
Donation to the AGF (optional)		
Total (Postmarked by 6/14/08)		

* All campers are required to be AGA members. If you are already an AGA member then you can delete this fee.

Preferred Roommate(s): _____

Have the camper initial these boxes below.

- I understand that there will be go players of various skill levels at camp.
- My behavior, attitude, and speech will be respectful of both campers and adults.
- I understand that campers are not allowed in the rooms of other campers.
- I understand that dangerous behavior, endangering camp members, or repeated breaking of camp rules may result in my being sent home with no refund.

Please include a deposit of \$150 each (\$75 w/AGF scholarship) with this registration form.

The deposit is a down payment and is considered non-refundable.

Payment Information: Check (preferred) Money Order Credit Card

Make checks payable to: American Go Association

Credit Card: Type: _____ # _____ Exp. _____

Name/address of card holder, if different: _____

Mail to: East Coast Go Camp
c/o Karen Jordan
2010 Heatherdale Drive
Colorado Springs, CO 80915

How did you hear about us? _____

AGA Summer Go Camp Medical Form Child's Health History ~ Parent's Report

Camper's Name: _____

My child is up to date on their immunizations: Yes No

If no, please explain: _____

Are there any issues that may affect your child's stay at camp?: (If yes, please provide details)

Language: _____

Dietary: _____

Medical: _____

Allergies, asthma, hay fever, diabetes, epilepsy, heart/lung/kidney/neurological problems, enuresis (bed wetting), etc.

Is your child currently being treated for any medical condition? If so, please give details:

Does your child have any allergies? (Medicines, food, insect stings, plant reactions, etc.)

If so, please give details/treatments:

Is your child taking any medications?

If so, please specify medication, dose, schedule, and any special instructions:

For the safety of all campers, medications will be dispensed by the staff.

Medical Insurance Information:

Medical Insurance Company: _____

Group Name: _____ Group Policy #: _____ Plan Code: _____

Policy Holder's Name: _____

Family Physician: _____

Family Physician phone number: _____

Other medical issues: _____

AGA Summer Go Camp Releases

East Coast Go Camp ~ July 19th – July 26th, 2008

Parent Authorization ~ Please Sign

The undersigned, _____, legal guardian of

_____, hereby releases and forever discharges the American Go Association (AGA) and its officers, the American Go Foundation (AGF) and its officers, the 2008 AGA Summer Go Camp staff or agents of all claims, actions, damages, claims of injury, property damages, costs, expenses and compensation whatsoever, which the above-named child may have now or in the future, which may be related to activities of the American Go Association and its agents related to the 2008 AGA Summer Go Camp.

The AGA Summer Go Camp has my permission to provide routine non-surgical medical care. In the event of a medical emergency, if I cannot be reached, I hereby give permission to the physician or clinic selected by the camp director or his agent, to transport, hospitalize, secure proper treatment for my child as named herein. I also understand that I am responsible for costs incurred on behalf of my child relating to accident or illness when treated outside of camp. Camp cannot be responsible for any injuries received by campers while engaged in camp activities or any unorganized play, beyond assurance that injury will receive prompt professional care by a medical professional as deemed by the camp director.

I understand that the balance of the fee must be paid in full by [June 14, 2008](#).

I give permission to the American Go Association to use photographs of my child at the Go Camp for publicity purposes, including use on their website ([usgo.org](#)) and in their print publications.

Signature of Parent or Guardian

Date

Please print name

