

# CAMP APPLICATION

**Make Checks Payable to and Mail to:**

**Professional Soccer Camps, Inc.**

**P.O. Box 610**

**Amawalk, NY 10501**

**Tel: 245-4477 Email: Kappsoccer1@aol.com**

**Camper:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Age in September 2010:** \_\_\_\_\_

**Sex:**  M  F **Date of Birth:** \_\_\_\_\_

**Player Level:**  Beginner/Recreation  
 Beginner Travel  Advanced Travel  
 Select/Premier  ODP  High School  
 Yes, I am interested in Goalkeeper Training

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**ONLY FULL PAYMENTS ACCEPTED WITH APPLICATION.**

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**TEAM NAME:** \_\_\_\_\_

**COACH:** \_\_\_\_\_

**SESSION I**  
**August 16-20**

- \$195 1/2 Day
- \$395 Intro-Rec/Beginner
- \$495 Adv. Travel/Premier

**Total Pd.** \_\_\_\_\_

**Check #** \_\_\_\_\_

**SESSION 2**  
**August 23-27**

- \$195 1/2 Day
- \$395 Intro-Rec/Beginner
- \$495 Adv. Travel/Premier

**Total Pd.** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Telephone:** \_\_\_\_\_

**Emergency Contact Cell Phone:** \_\_\_\_\_

## **PARENTAL CONSENT**

I understand that the tuition paid is for the designated session(s) and covers instruction and t-shirt. If my child cannot attend for any medical reasons, upon presentation of a doctors note I will be refunded the tuition less \$100 administration fee. Cancellations after July 1st are non-refundable.

I hereby certify that my child is in good health and in case of emergency I authorize the staff to act for me according to their best judgement should medical attention be required. I waive and release KAPP'S PROFESSIONAL SOCCER CAMPS, INC. and its employees from all liability for any injuries incurred at camp.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_