

CAMP APPLICATION

Make Checks Payable to and Mail to:

Professional Soccer Camps, Inc.

168 East Boston Post Road

Mamaroneck, NY 10543

Tel: 698-7705 Email: Kappsoccer1@aol.com

Camper: _____

Address: _____

Phone: _____

Email: _____

Age in September 2011: _____

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

ONLY FULL PAYMENTS ACCEPTED WITH APPLICATION.

TEAM NAME: _____

COACH: _____

SESSION I August 13-17

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

Total Pd. _____

Check # _____

SESSION 2 August 20-24

- \$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: _____

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