



SOCCER CAMP REGISTRATION

Westfield Select Camp: Come Join The Pros!

19th – 23rd July & 26th – 30th July

This high intense Soccer Program, for ages 8 to senior, is for the elite player who wishes to train at a fast tempo give you an insight into how the professional soccer players play and practice in England.

Each Coach has been hand picked for each age group. All Coaches have played and coached professional soccer.

9:00am to 12noon: (8-12 years)

5.00pm to 8.00pm: (13 -18 years)

Cost: \$125 (includes T-shirt & quality soccer ball)

WSSC Donation!!!

**All Westfield Select Soccer players save \$50.00
Cost: \$175.00 to non WSSC Players**

**PLEASE NOTE PLACES ARE EXTREMELY LIMITED
SO SIGN UP NOW TO AVOID DISAPPOINTMENT!**

(Please ensure that your child is suitably attired for the camps ie cleats, shin guards, shower proof top or change of top if rains, water & sunscreen. Also no jewelry may be worn during sessions and no gum or candy to be eaten whilst training).

Also, if your child has a medical condition, we must be informed at the time of registration and informed of steps to take (in writing).

Please note 50% non-refundable deposit is required to secure your space on the camp. No refunds for non-attendance or inclement weather.

**Camp to take place at the
SHAMROCK ELEMENTARY SCHOOL,
Westfield, Indiana**

Keep this part and put on your notice board!!!

Westfield Select Camp REGISTRATION 2010 Indicate Select: 19th – 23rd or 26th – 30th July,

PLEASE PRINT

[]		
First Name	Last Name	
[]		
Address		
[]		
City	State	Zip Code
[]		
Tel Phone#	Cell Phone	
[]		
Age	M/F	D.O.B
[]		
Parent/Guardian Name	Tel #	
[]		
Email Address		
[]		
FEES 1 Player fee: \$175 non WSSC or \$125 WSSC Players		
<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
[]		
Card #	Expiration Date	
[]		
Name as on Card	Security Code on Card	
[]		
Signature	Zip Code pertaining to Card	

MEDICAL RELEASE

List any medical Conditions or prohibitions: _____

Person to notify in Emergency: _____

Emergency Tel #: _____

IMPORTANT

Unless this form is completed in full on the first day of camp, your child will not be able to participate in the Soccer Program.

I (parent/legal guardian), grant permission for my child to participate in the camp. I understand that the program is physically demanding and certify that my child is fully physically fit to participate. I hereby agree to save & hold harmless All Pro Soccer & Sports Club LLC (APSSC), its staff, including coaches and each of its officers & directors (the persons & entities released hereinafter being referred to individually and collectively as the APSSC, against loss or damage for injury, illness or other conditions arising from my child's participation in the camp and hereby release, waive and forever discharge the APSSC from any and all Claims which may be made by, or on behalf of the participant in the camp.

[]	[]
Signature	Date

MAIL COMPLETED REGISTRATION FORM TO:
All Pro Soccer, c/o Stony Creek Fitness, 15299 Stony Creek Way,
Noblesville, IN 46060. Tel (317) 770 8365

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<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
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