



# Soccer Camp Registration

## REC SOCCER CAMP

5<sup>th</sup>-9<sup>th</sup> & 12<sup>th</sup>-16<sup>th</sup> July

This program is intended to be fun! The emphasis is on attracting players to the sport and providing a positive experience. The program is for 5-18 year olds. The camp will combine both coaching and playing.

9.00am to 12.00noon: (5 to 18 years)

5:00pm to 8:00pm (5 to 18 years)

Cost: \$95 (includes T-shirt & quality soccer ball)

**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!!!**

**REC SOCCER REGISTRATION 2010**  
**Indicate:** Rec: 5<sup>th</sup> – 9<sup>th</sup> or 12<sup>th</sup> – 16<sup>th</sup> July,  
& 9:00am to noon or 5:00pm to 8:00pm

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: \$95 Rec**

<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

**REC SOCCER REGISTRATION 2010**

**Indicate:** Rec: 5<sup>th</sup> – 9<sup>th</sup> or 12<sup>th</sup> – 16<sup>th</sup> July,  
& 9:00am to noon or 5:00pm to 8:00pm

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: \$95 Rec**

<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