



ALL PRO

SOCCER & SPORTS CLUB LLC

Proudly announce their

**AUGUSTA
PRO SOCCER SUMMER CAMPS 2008**

“ALL PRO SOCCER CAMP”

14th TO 18th JULY: 9.30am to 12.30pm (U8 to U11s) or
1.30pm to 4.30pm (U12 upwards & High School Preseason)

Cost: \$170 (includes T-shirt & quality ball)

(If you sign up before 1st March cost is \$160)

This high intense Soccer Program, for ages 8 to senior, will 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.

(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 a 50% non-refundable deposit is required to secure your space on the camp.

(Camps to take place at The CASC Fields, 295, Cony Road, AUGUSTA, ME 04330)

Keep this part and put on your notice board!!



**ALL PRO SOCCER CAMP REGISTRATION FORM (AUGUSTA)
(14th-18th July 2008)**

Last Name: _____ First Name: _____ MI: _____

Address: _____

I wish to attend the PRO CAMP (am / pm /High School Preseason) (please circle)

Phone: _____ DoB: ____/____/____ Male/Female (circle)

Is your child a Soccer Club Player YES/NO: please indicate age Group & Club: U _____

Mother's/Guardian Name: _____ Phone: _____

Father's/Guardian Name: _____ Phone: _____

Email Address: _____

List any medical problems/conditions or Prohibitions: _____

Person to notify in an emergency: _____ Phone: _____

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 Soccer Program. I understand that the program is physically demanding and certify that my child is fully physically fit to participate. I hereby agree to save and hold harmless the All Pro Soccer & Sports Club LLC (APSSC), its staff, including coaches and each of its officers and Directors (the persons and entities released hereinafter being referred to individually and collectively as the All Pro Soccer & Sports Club LLC), against loss or damage for injury, illness or other conditions arising from my child's participation in the Soccer Program, 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 Soccer Program

Parent/legal Guardian (please print): _____

Signature: _____ Date: _____

Consent for Medical Treatment (minor)

As the parent/legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of parent/legal guardian: _____



**Send this part and the registration fee to the "All Pro Soccer & Sports",
161 West River Road, Waterville, ME 04901 Tel 207 877 6666, Email:
mel@allprosportscenter.com**