



SOCCER CAMP REGISTRATION (BANGOR)
In Association with
BANGOR SOCCER CLUB

9th TO 13th AUGUST 2010:

9.30am to 12.30pm (U8 to U11s) or

1.30pm to 4.30pm (U12 to U14s, High School Boys or Girls)**

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

**** New date: High Schoolers take advantage before pre-season starts at school!!**

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

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. No refunds for non-attendance or inclement weather.

(Camps to take place at The MARY SNOW SCHOOL BANGOR, MAINE).

Keep this part and put on your notice board!!



SOCCER CAMP REGISTRATION 2010 (BANGOR)
Indicate: am/pm U8-U11, U12-U14, or High School Girls or Boys Pre-season (please circle) **9-13 Aug'10**

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 (Payment Method) 1 Player fee: \$170.00

Check Visa 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 & Sports Club LLC, 161 West River Road, Waterville, ME 04901. Tel # (207) 877 6666 email: office@allprosportcenter.com

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