



ALL PRO

SOCCER CAMP REGISTRATION (WATERVILLE)

2nd TO 6th 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)

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 ALL PRO SPORTS CENTER outside fields, Waterville).

Keep this part and put on your notice board!!



ALL PRO

SOCCER CAMP REGISTRATION 2010 (WATERVILLE)

Indicate: am/pm U8-U11, U12-U14, or High School Girls or Boys Pre-season (please circle) 2-6 Aug '10

PLEASE PRINT

[Empty box for name]

First Name Last Name

[Empty box for address]

Address

[Empty box for city/state/zip]

City State Zip Code

[Empty box for phone numbers]

Tel Phone# Cell Phone

[Empty box for age/gender/DOB]

Age M/F D.o.B

[Empty box for parent/guardian name/phone]

Parent/Guardian Name Tel #

[Empty box for email address]

Email Address

FEES (Payment Method) 1 Player fee: \$170.00

Check Visa Mastercard

[Empty box for card details]

Card # Expiration Date

[Empty box for name/security code]

Name as on Card Security Code on Card

[Empty box for signature/zip]

Signature Zip Code pertaining to Card

MEDICAL RELEASE

List any medical Conditions or prohibitions: _____

[Empty line for medical conditions]

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.

[Empty box for signature]

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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