

Saint Louis Soccer Camp Application

Campers Name (Last, First): _____

Parent/Guardian (Last, First): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Alt): _____

Email: _____

Camper's Birthdate (MM/DD/YY): _____ Gender: M / F

Camp dates are June 21-24, 2010 - Which session will you attend:

_____ Half Day (9:00AM – noon) \$125.00

_____ Full Day (9:00AM – 3:00PM) \$225.00

Indicate position you would like to concentrate on: Goal Keeper Field Player

Shirt Size: (Youth) S M L (Adult) S M L XL

Camp Discounts:

Players will be grouped according to age and playing ability. Teams of 10 or more that submit their applications together get a \$10 discount per player. Families with two or more children attending camp receive a \$15 discount for third child plus any additional children. By NCAA Rules, no other discounts are available.

Payment & Refund Policy:

Full day camp registration is \$225; Half day camp is \$125. Payment is due by June 15th. Those who have applied but cannot attend for any reason; will receive a refund minus a \$75 administration fee. No refunds are given if player cancels after 48 hours prior to the start of camp.

Mail Completed Forms w/ payment to:

**Saint Louis Soccer Camp
2508 Martinshire Ct
Columbia MO 65203**

Date received: _____ Total: _____ Check #: _____

Medical History / Liability Waiver

In the opinion of the name parent/guardian, is the camper "fit" for participation in this soccer camp? Y / N

Medical History: (to be completed by parent/guardian)

Y / N Allergies (drugs, food, asthma, etc.)

Y / N Fracture or other disability type injury

Y / N Medical conditions under treatment

Y / N Known past illness for more than one week duration

Y / N Pre-existing injury under treatment

Y / N Mental disorders or convulsion

Y / N Birth deformities (one eye, one kidney, etc)

PHYSICIAN

DENTIST

Name: _____

Address: _____

Phone: _____

Insured's Name / Relationship: _____

Company Name / Policy Number: _____

Phone Number: _____

Release and Waiver of Liability

I understand that playing or participating in the sport of soccer may be potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured. I am aware that the dangers and risk of my Childs playing or participating in the above sport I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport and in consideration of my child being allowed to participate in the camp I hereby agree on behalf of myself, my family members and my child to assume all such risks and further to waive, release, discharge and hold harmless any camp chosen facility, the coach, UMSL, Saint Louis Soccer Camp, Columbia Soccer Club and their respective employees, agents, representatives, athletic trainers and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my Childs playing and participating in the above sport or camp.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not a substitute for my primary insurance and maximum coverage per accident and deductibles apply.

I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. By signing this form, I grant Dan King and CSC the right to use photos of my child for future advertising and promotional efforts:

Parent / Guardian Signature

Date