

CAMP #1
July 7-11

2008 AYSO COMMUNITY SOCCER CAMP

CAMP #2
July 14-18

REGISTRATION FORM

Player #1 Name _____ DOB _____ Age ____ Sex M F
Grade in Sept. '08 _____ Years Playing Soccer _____ Playing AYSO? Fall'07 Winter'08 Spring'08

Player #2 Name _____ DOB _____ Age ____ Sex M F
Grade in Sept. '08 _____ Years Playing Soccer _____ Playing AYSO? Fall'07 Winter'08 Spring'08

Player #3 Name _____ DOB _____ Age ____ Sex M F
Grade in Sept. '08 _____ Years Playing Soccer _____ Playing AYSO? Fall'07 Winter'08 Spring'08

Address _____ Phone _____

Parent #1: Name _____ Day Tel. _____ Eve. Tel. _____

Parent #2: Name _____ Day Tel. _____ Eve. Tel. _____

I hereby confirm the release from liability of AYSO, its agents, including the soccer camp vendor, AYSO volunteers and employees, as set forth more completely on the following page. I also consent to my child/children being treated for illness or injury sustained in the camp program.

Parent/Guardian Signature _____ Date _____, 2008

CAMP FEES & EQUIPMENT

Juniors FEES

Early Bird

Camp 1 \$135

Camp 2 \$135

FULL-DAY FEES

Early Bird

Camp 1 \$185

Camp 2 \$185

LATE FEES

after 6/12

\$25/player

INSURANCE FEES

For Non-AYSO

player \$15

Juniors HALF- DAY PROGRAM – 8am –11am

(Kindergarten to 2nd Grade in Sept. '08)

(Latest pickup 11:30am)

1 week Camp #1 **OR** Camp #2

2 weeks Camp #1 **AND** Camp #2

FULL DAY PROGRAM - 8am- 2:30pm *

(Grades 3 through 12 only)

1 week Camp #1 **OR** Camp #2

2 weeks Camp #1 **AND** Camp #2

AYSO VIP PROGRAM (special needs) - 6 to 21 years (noon-2:30 pm Only) (Contact Larry Swertloff for arrangements)

T-SHIRT YM YL AS AM AL AXL **FREE**

SOCCER BALL #3 (5-7 yrs.) #4 (8-12 yrs.) #5 (13+ yrs.) **FREE**

Checks payable to: AYSO 473 Community Soccer Camps TOTAL ENCLOSED W/ REGISTRATION \$ _____

Completed forms must be received by June 12. Late fees apply to forms received from June 13.

Mail forms to:

AYSO Camps, 285 Warren Street, Brooklyn, NY 11201-6411

For more information, contact • Larry Swertloff (718) 834-0654 or (917) 847-8719

lswertloff@mindspring.com

Check No. _____ Amount _____ Date Rec'd _____ Balance Due _____

This area for internal use only.

CAMP #1
July 7-11

2008 AYSO COMMUNITY SOCCER CAMP

CAMP#2
July 14-18

MEDICAL INFORMATION AND RELEASE

Player #1 Name _____ DOB _____ Age ____ Sex M F

Player #2 Name _____ DOB _____ Age ____ Sex M F

Player #3 Name _____ DOB _____ Age ____ Sex M F

Parent #1: Name _____ Day Tel. _____ Eve. Tel. _____

Parent #2: Name _____ Day Tel. _____ Eve. Tel. _____

Physician Name _____ Tel. _____

Emergency Contact _____ Relationship _____ Tel. _____

As parent/guardian of the above player(s), I certify that he/she is in excellent health and has no physical, mental or emotional problems that are likely to prevent participation in strenuous physical play at soccer camp. I agree to hold harmless AYSO and its volunteers, as well as the Soccer Camp Vendor. I hereby release them from all liability on account of injuries sustained by player(s) while participating in soccer camp activities. I give permission for player(s) to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse the Soccer Camp Vendor for expenses incurred by them, their agents and employees on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance. I give consent for player(s) to be photographed, videotaped, or filmed while participating in camp activities, and for the resulting photos to be used by AYSO or the Soccer Camp Vendor for educational and promotional purposes. I have read and understand the above.

Parent/Guardian Signature _____ Date _____, 2008

Please describe any medical conditions, allergies, or medications required.

INSURANCE INFORMATION

Name of Insured _____ Insurance ID No. _____

Insurance Company _____ Group No. _____

Insurance Company Address _____

Medicaid Information _____