

CAMP #1  
July 6-9

# 2010 AYSO COMMUNITY SOCCER CAMP

CAMP #2  
July 12-16

## REGISTRATION FORM

Player #1 Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex M F  
Grade in Sept. '10 \_\_\_\_\_ Years Playing Soccer \_\_\_\_\_ Playing AYSO? Fall'09 Winter'10 Spring'10

Player #2 Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex M F  
Grade in Sept. '10 \_\_\_\_\_ Years Playing Soccer \_\_\_\_\_ Playing AYSO? Fall'09 Winter'10 Spring'10

Player #3 Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex M F  
Grade in Sept. '10 \_\_\_\_\_ Years Playing Soccer \_\_\_\_\_ Playing AYSO? Fall'09 Winter'10 Spring'10

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 \_\_\_\_\_, 2010

### CAMP FEES & EQUIPMENT

#### Juniors FEES

Early Bird  
Camp 1 \$120  
Camp 2 \$135

#### FULL-DAY FEES

Early Bird  
Camp 1 \$165  
Camp 2 \$185

#### INSURANCE FEES

For Non-AYSO  
player \$20

**Juniors HALF- DAY PROGRAM – 8am –11am**  
(Kindergarten to 2nd Grade in Sept. '10)  
(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 \$ \_\_\_\_\_

**NO REFUNDS**

**Completed forms must be received by July 1st. NO LATE FEES.**

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](mailto:lswertloff@mindspring.com)

Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Balance Due \_\_\_\_\_

This area for internal use only.

CAMP #1  
July 6-9

# 2010 AYSO COMMUNITY SOCCER CAMP

CAMP#2  
July 12-16

## 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 \_\_\_\_\_, 2010

**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 \_\_\_\_\_

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

6/12/10