

CAMP #1
July 5-8

2011 AYSO COMMUNITY SOCCER CAMP

CAMP #2
July 11-15

REGISTRATION FORM

Player #1 Name _____ DOB _____ Age ____ Sex M F
Grade in Sept. '11 ____ Years Playing Soccer ____ Playing AYSO? Fall'10 Winter'11 Spring'11

Player #2 Name _____ DOB _____ Age ____ Sex M F
Grade in Sept. '11 ____ Years Playing Soccer ____ Playing AYSO? Fall'10 Winter'11 Spring'11

Player #3 Name _____ DOB _____ Age ____ Sex M F
Grade in Sept. '11 ____ Years Playing Soccer ____ Playing AYSO? Fall'10 Winter'11 Spring'11

Address _____ Phone _____

Email address(es) _____

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 _____, 2011

CAMP FEES & EQUIPMENT

Juniors FEES

Early Bird
Camp 1 \$125
Camp 2 \$150

FULL-DAY FEES

Early Bird
Camp 1 \$175
Camp 2 \$195

LATE FEE

(after 6/11)
\$30

INSURANCE FEES

For Non-AYSO
player \$20

Juniors HALF- DAY PROGRAM – 7:45am –11:30am
(Kindergarten to 2nd Grade in Sept. '11)
(Latest pickup 11:30am)

FULL DAY PROGRAM – 7:45am- 2:30pm *
(Grades 3 through 12 only)

1 week Camp #1 **OR** Camp #2
2 weeks Camp #1 **AND** Camp #2

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

Avoid Late Fee - Completed forms must be postmarked June 11th

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 or
Noah Swertloff (718) 288-1793 Noah.Swertloff@gmail.com

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

This area for internal use only.

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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 _____, 2011

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 _____

Contact: **Larry Swertloff** (718) 834-0654 or (917) 847-8719 / **Noah Swertloff** (718) 288-1793

3/30/11