

# THE SOCCER ACADEMY'S



## WINTER ALL SPORTS CAMP 2010

FOR BOYS AND GIRLS AGES 6 TO 14

[WWW.SOCCERTSA.COM](http://WWW.SOCCERTSA.COM)

(770) 925 - 4404

This winter The Soccer Academy will host a winter all sports camp. Our Christmas camp is open to boys and girls ages 6-14. Campers will be divided into separate age groups and play games in their own divisions. Our goal with the winter Fun Camp is to provide our campers with fun and exciting activities while they are on winter break. During this fun-filled week, the camper will experience activities such as soccer, dodge-ball, wiffle-ball, capture the flag, 4 square, ping pong, star wars kick ball, pickle, battle ball, flag attack and other fun games.

**SESSION:** December 20,21,22,23, December-28, 29

**COST:** \$20.00 per day

**Hours:** Early drop 8:00am camp begins 9:00am. Camp ends 4:00pm and pick up by 5:00pm LUNCH IS INCLUDED

**REGISTRATION:** mail or bring form and payment to The Soccer Academy by December 17, (make checks payable to The Soccer Academy).

### Application

Child's Name \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail Address \_\_\_\_\_

All players must have their own medical coverage. The camp does not provide this coverage. Players will not be allowed to attend without the following information.

**Insurance Co.** \_\_\_\_\_

**Policy No.** \_\_\_\_\_

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### Medical Release Information

**Name of child:** \_\_\_\_\_

In the event that I cannot be reached by telephone at the number(s) shown below in an emergency situation (as defined by Georgia law), or circumstances where a fully licensed physician suggests, recommends, or prescribes the medical treatment or procedures reasonably necessary or advisable to protect or safeguard the health of the child named above, I hereby authorize The Soccer Academy staff, or her adult as may be temporarily responsible for the supervision, safety, or welfare of the child named above, to consent, either orally or otherwise, to the administration of surgical or medical treatment or procedures. I further certify that I am the parent (guardian) of the child named above.

**Parent's Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_