

# CAMP APPLICATION

**Make Checks Payable to and Mail to:**

**Professional Soccer Camps, Inc.**

**P.O. Box 610**

**Amawalk, NY 10501**

**Tel: 698-7705 Email: Kappsoccer1@aol.com**

Camper: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age in September 2011: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_

Player Level:  Beginner/Recreation  
 Beginner Travel  Advanced Travel  
 Select/Premier  ODP  High School  
 Yes, I am interested in Goalkeeper Training

---

ONLY FULL PAYMENTS ACCEPTED WITH APPLICATION.

---

TEAM NAME: \_\_\_\_\_

COACH: \_\_\_\_\_

**SESSION I**  
**August 15-19**

- \$195 1/2 Day
- \$395 Intro-Rec/Beginner
- \$495 Adv. Travel/Premier

Total Pd. \_\_\_\_\_

Check # \_\_\_\_\_

**SESSION 2**  
**August 22-26**

- \$195 1/2 Day
- \$395 Intro-Rec/Beginner
- \$495 Adv. Travel/Premier

Total Pd. \_\_\_\_\_

Check # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

## PARENTAL CONSENT

I understand that the tuition paid is for the designated session(s) and covers instruction and t-shirt. If my child cannot attend for any medical reasons, upon presentation of a doctors note I will be refunded the tuition less \$100 administration fee. Cancellations after July 1st are non-refundable.

I hereby certify that my child is in good health and in case of emergency I authorize the staff to act for me according to their best judgement should medical attention be required. I waive and release KAPP'S PROFESSIONAL SOCCER CAMPS, INC. and its employees from all liability for any injuries incurred at camp.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_