



CLASSIC SOCCER ACADEMY

Camp Registration Form – Rabbit Hill Park

(Please “check” appropriate boxes and mail in form along with a check made payable to Classic Soccer Academy)

SESSION ONE: June 6-10

SESSION TWO: July 25-29

Player Name: _____

Player Gender: Male Female

Parent Name: _____

Emergency Contact: _____

Address: _____

Emergency Phone: _____

E-mail: _____

T-shirt Size: Please Circle Size

Phone: _____

Youth: S Med LG

Player Age: _____

Adult: S Med LG XL

Developmental Camp: Ages 4-14

Goalkeeper Academy: Ages 8-14

	AGE	TIME	COST	DSC DISCOUNT
<input type="checkbox"/>	4-5 year old	9:00 – 10:00 AM	\$75.00	\$70.00
<input type="checkbox"/>	6 year old	10:30 – 11:30 AM	\$75.00	\$70.00
<input type="checkbox"/>	7-14 year old	9:00am – 12:00pm	\$130.00	\$115.00

Parent’s Consent Statement

I certify that my child enrolled in this camp is in excellent health and may participate in the activities of this camp. In consideration of the participation of _____ (child’s name), a minor, at Classic Soccer Academy, I, as parent/guardian, have actual knowledge and appreciation of the particulars of this program and hereby voluntarily consent to said participation and assume the risk arising therefrom. Furthermore, I give my permission for my child to receive emergency treatment, if needed.

_____(Parent Signature)

Mail Registration Form to: *Classic Soccer Academy, 164 Van Eepoel Court, Pendergrass, GA 30567*

Registration Deadline: We cannot guarantee a T-shirt if registration is not received before June 8th for session one and July 20th for session two.

Refund Policy: 50% will be refunded up to June 8(session one) & July 20(session two). After that date all payment is non-refundable.