

Team Camp Registration Form

Choose a session, age category and T-shirt size and sign consent form. Send in this section along with a check made payable to Classic Soccer Academy.

Player Name _____ Email _____
 Address _____ Emergency Contact _____
 Phone # _____ Phone # _____

Age as of June 2, 2008 _____
 DSC Member

Male
 Female

Session Three: July 28-August 1 (5pm-8pm)

Advanced Team Camp (\$130/\$110 for DSC)
 Coach's Name/Age. _____

Shirt Size	YS	<input type="checkbox"/>	YM	<input type="checkbox"/>	YL	<input type="checkbox"/>	AS	<input type="checkbox"/>	AM	<input type="checkbox"/>	AL	<input type="checkbox"/>	AXL	<input type="checkbox"/>
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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's signature)

 (player's signature)

Send to:
Classic Soccer Academy
164 Van Eeopel Court
Pendergrass, Georgia 30567

Registration Deadline:
July 14th Session Three

Refund Policy:
50% will be refunded up to July 14 for Session Three.
After that date all payment is non-refundable.