

SUMMER CAMP 2017

PATRIOT SOCCER CAMP

Lake Brantley South (behind Forest City Elem)
991 Sand Lake Rd.
Altamonte Springs, FL 32714

SEMINOLE SOCCER CAMP

Crooms High School
2200 W. 13th Street
Sanford, FL 32771

Name 1 _____ Age _____

Name 2 _____ Age _____

Name 3 _____ Age _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Patriot Soccer Camp Dates

_____ Session #1 June 5 – 9 Full-Day \$200
Half-Day \$120

_____ Session #2 July 31 – Aug. 4 Full-Day \$200
Half-Day \$120

_____ Both Sessions Full-Day \$375
Half-Day \$230

Seminole Soccer Camp Dates

_____ Session #1 June 19 – 23 Full-Day \$200
Half-Day \$120

_____ Session #2 July 17 – July 21 Full-Day \$200
Half-Day \$120

_____ Both Sessions Full-Day \$375
Half-Day \$230

Parent or Guardian Consent Form

In case of injury to my child, I/We likewise waive the right to the extent not covered by liability insurance, and claim against persons working in this camp. I/We likewise hereby authorize any medical treatment, which the directors of the camp deem necessary in any emergency situation. The camper is covered by insurance. I/We believe our child is physically fit to participate in this camp.

Please list below any medical conditions or medications the camper may have or need.

Insurance Company: _____

Policy Number: _____

Parent/Guardian Signature(s) _____

When we receive your registration and payment, we will send you a confirmation letter, which will include more information. This letter will serve as your receipt.