



Smart Soccer International Inc.

www.SmartSoccer.com

Over 20 Years of Summer Soccer Camps!



Avalon Recreation – 2010 Smart Soccer Camp Application

9th Street Fields, Avalon

July 26-30 & August 30-September 3

Celebrating over 10 years of soccer camps in partnership with Avalon Recreation!

Please note, that on the application, we must have a current e-mail address in order to forward your camp confirmation and other pertinent details.

ENCLOSE THE FULL FEE PAYABLE TO: "SMART SOCCER"
Please mail to: Smart Soccer • PO Box 144 • Warrington, PA 18976

The below per camper fee includes a T-shirt. Campers may bring their own ball or purchase one (see below).

Please consider registering for camp in a timely fashion so that we can plan and prepare a great camp week for your child. We cannot guarantee to accept walk-on campers however, if there is space a \$10 additional fee will be due. Please note cash payments only for walk-on campers.

Keep this
Send this

Detach camp application and send to the above address with check.

Keep this
Send this

Avalon Recreation 2010 Smart Soccer Camp Application

The full camp fee must be enclosed with this application. **Bring your own ball** unless you choose to purchase one (see below).

- Check the appropriate box:
- | | | |
|----------------------|---|---|
| July 26-30 | <input type="checkbox"/> 9:00-10:15 (\$95 ages 3, 4 & 5) | <input type="checkbox"/> 9:00-12:30 (\$160 for ages 6-14) |
| Aug 30-Sept 3 | <input type="checkbox"/> 9:00-10:15 (\$95 ages 3, 4 & 5) | <input type="checkbox"/> 9:00-12:30 (\$160 for ages 6-14) |
| Both Weeks | <input type="checkbox"/> 9:00-10:15 (\$180 ages 3, 4 & 5) | <input type="checkbox"/> 9:00-12:30 (\$310 for ages 6-14) |
- Check here if you wish to purchase a soccer ball for an additional \$10 (while supplies last)

CAMPER INFORMATION Complete one application per child.

Camper Name: _____ Age: _____ D.O.B. _____ Sex: (Circle) M / F

Home Address: _____

e-Mail Address: _____

Medical Company and ID # _____

Telephone (H) _____ Telephone (E) _____

I, the below signed, as official parent/guardian of the above camper, certify my child to be in good health and give my permission for their participation in this club sponsored 'Smart Soccer' camp. I authorize all emergency and medical treatment which may be needed in the event of any injury. I also understand that insurance coverage is my own responsibility through my individual or family plan described above. I understand the camp fee includes a \$50.00 non-refundable deposit and the full camp fee is non-refundable once the camp begins. I further understand there is a minimum \$25.00 fee for returned checks. I have read, and understand, the camp policies that can be viewed on the web at www.SmartSoccer.com. I agree to defend, indemnify and hold harmless Smart Soccer International Inc., its owner and employees and the host club, organization and township in the event of injury to my child. I have no objection to the use of camp photographs in promotional material.

Parent/Guardian (Print) _____ Parent/Guardian (Sign) _____

Office Use Only			
Check Number: _____	Date Received: _____	Amount: \$ _____	Balance Due: \$ _____