



Smart Soccer International Inc.

www.SmartSoccer.com

Over 20 years of Summer Soccer Camps!



Central Bucks Athletic Association – 2010 Smart Soccer Camp Application

(A 20 year soccer camp partnership!)

June 28-July 2 & July 19-23: Herbst Field, Route 413 (Plumsteadville)

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.

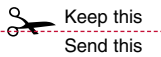
ENCLOSE THE FULL FEE PAYABLE TO: "SMART SOCCER"
Please mail to: Smart Soccer • PO Box 144 • Warrington, PA 18976

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.



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



CBAA 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: **June 28-July 2** 9:00-10:15 (\$95 ages 4 & 5) 9:00-12:00 (\$150 ages 6-14)
July 19-23 9:00-10:15 (\$95 ages 4 & 5) 9:00-12:00 (\$150 ages 6-14)

If your child pre-registers for both weeks, take a \$10 discount from the total fee.

Check here if you wish to purchase a soccer ball for an additional \$10 (while supplies last)

Travel Team Coaches: contact smartsoccer@msn.com for details on our travel team camps!

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: \$ _____