



Smart Soccer International Inc.

www.SmartSoccer.com

Over 20 years of Summer Soccer Camps!



**Lenape Valley Soccer Club – 2010 Smart Soccer Camp Application**

**(A 20 year soccer camp partnership!)**

**July 19-23 (evening camp) – North Branch Park, New Britain Twp.**

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

**LVSC 2010 Smart Soccer Camp Application (Evening Camp)**

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 19-23**     5:30-6:45 (\$95 ages 4 & 5)     5:30-8:00 (\$135 ages 6-14)  
 Check here if you wish to purchase a soccer ball for an additional \$10 (while supplies last)

**PA Rush Travel Team Coaches: contact [smartsoccer@msn.com](mailto: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](http://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: \$ \_\_\_\_\_