



Smart Soccer International Inc.

www.SmartSoccer.com

Over 20 Years of Summer Soccer Camps!



**Warrington Township – 2010 Smart Soccer Camp Application**

**August 9-13 – IPW Field, Warrington Twp.**

**Camp Programs: Smart Start for ages 4 & 5 and Smart Player for ages 6-14.**

**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.*



**Warrington Township 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).

Add \$10 to the below fee if you would like to order a camp ball.

Check the appropriate box: **August 9-13**    9:00-10:15 (\$95 ages 4 & 5)    9:00-12:00 (\$150 ages 6-14)  
 Check here if you wish to purchase a soccer ball for an additional \$10 (while supplies last)

**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: \$ \_\_\_\_\_