

Penn Soccer Academy 2009 Application

General Information

Camper's Name _____ Male / Female (circle)
Street Address _____ City _____ State _____ ZIP _____
Date of Birth (Month/Day/Year) _____ Grade at camp _____ Age at camp _____ T-shirt size _____
Home phone _____
Mother/Guardian's name _____ Daytime/Cell Phone _____
Father/Guardian's name _____ Daytime/Cell Phone _____
I would like to room with (residential camp only) 1. _____ 2. _____
Team name (if attending with multiple team members) _____
Who referred you to our camps? _____
Parent's e-mail address for confirmation (REQUIRED) _____

Sessions

Day Camps (boys and girls)

- Day Camp I - June 15-19, ages 7-13, \$275
 Day Camp II - July 20-24, ages 7-13, \$275

Residential Camps (girls only)

- Advanced - July 7-11, ages 10-13, \$600
 Commuters (8 a.m.-8 p.m.) \$450
 College Prep - July 14-18, ages 14-18, \$600
 Commuters (8 a.m.-8 p.m.) \$450

H.S. Preseason Camp - July 27-31,

- Team of 15-19 Players \$575
 Team of 20+ Players \$560
(Price reflects team discount)

I am a (check one): Field Player Goalkeeper

Payment

Please make checks payable to:
Darren Ambrose Soccer Camps
(Balance due June 1, 2009)
Penn Soccer Academy
P.O. Box 31811
Philadelphia, PA 19104

Parental Consent Form

I certify that this registration fee has not been provided by a representative of Penn athletics interest (booster).

Signature of Parent/Legal Guardian _____ Date _____

I hereby request that you accept the application of _____ in the 2009-09 Penn Soccer Academy during the dates set forth in this application, and in consideration of your acceptance of the application, I hereby release the Darren Ambrose Soccer Camps Staff and the University of Pennsylvania, and all their trustees, officers, employees, and agents, from any and all liability or claims relating to any injuries or property loss that may be sustained by the camper while attending the 2008-09 Penn Soccer Academy or any and all claims which may hereafter be presented by or on behalf of the camper (minor child) relating to such injuries or loss. Such released claims include claims for negligence, gross negligence, or recklessness. In addition, I/We, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge Darren Ambrose Soccer Camps, Inc., its staff, officers, agents, employees, representatives, successors, and assign of and from all rights and claims from damages, injury or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not the damages, injury or loss is due to negligence.

Signature of Parent/Legal Guardian _____ Date _____

Important: Please Read Carefully!

Authorization for Medical Treatment and Release: In case of emergency or if any medical attention is required by my child, I hereby give my permission to the Penn Soccer Academy staff and/or Penn to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release the Penn Soccer Academy and the University of Pennsylvania, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment.

Discounts

One discount per camper

- \$35 if you **pay in full** before March 1 (no deposit)
 \$35 per child if multiple children applying
 \$35 Penn Employee (**Day camp only** — please provide Penn e-mail address) _____

Team discounts available for teams of 15+. In order to receive team discounts, all deposits and applications **MUST** be sent in one packet. The team discount cannot be combined with other available discounts. Discounts will automatically be taken from balance due on June 1st.

- \$35 Teams of 15-19
 \$50 Teams 20+

Checklist

- \$200 deposit required to reserve space with this application
 Late fee of \$25 for balance due after June 1
Registration after June 1 - full payment required (all sessions)
 Cancelled check is your initial registration confirmation
 I have read, completed and signed the Parental Consent Form

I/We represent that I/We have sought the opinion of our child's pediatrician, _____, and he/she concurs that (camper's name) _____ is fully capable of safely engaging in these activities. I/We understand that it is my/our responsibility in caring for the camper listed above, to be assured that she is fully capable of engaging in this sport's activity, and I/We are confident that she is able to engage in such a sport.

Signature of Parent/Legal Guardian _____ Date _____

Camper's Name _____ DOB ____/____/____

SS# _____ Parent's Name _____

Allergic Reactions? _____ No _____ Yes

To What? _____

Taking medications currently? _____ No _____ Yes

Please list _____

Emergency Contact Information

Emergency Contact Name _____

Relation _____

Phone Number _____

Insurance Company _____

Policy # _____

Name of Policy Holder _____