

WESTCITY SOCCER

≡ personalized coaching and training ≡

★ 2012 SUMMER CAMPS REGISTRATION ★

Please complete one registration per household & mail along with full payment to: PO Box 4849, Charlottesville, VA 22905.

Step 1: Contact Details

Family Contact Name: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Will observe Camp? *[please circle]* **Yes** **No**
 Pick-up Contact: *If you will not stay to observe, please provide pick-up and emergency contact details below.*
 Pick-up Contact Name: _____ Phone: _____
 Emergency Contact Name: _____ Phone: _____

Step 2: Participant Information. *For additional participants, please use the back of the page.*

	CHILD 1	CHILD 2	CHILD 3
Name & Last Name:	_____	_____	_____
Male or Female:	_____	_____	_____
Date of Birth:	_____	_____	_____
Allergies:	_____	_____	_____
Medication:	_____	_____	_____
Notes:	_____	_____	_____

Step 3: Camp Selection and Payment Details.

OLYMPIC SOCCER	# KIDS	SUB TOTAL
June 25 to 29 <i>[ages 6-10]</i> \$125 X	<input type="text"/>	= _____
July 23 to 27 <i>[ages 6-10]</i> \$125 X	<input type="text"/>	= _____
GOAL KEEPER		
July 9, 10, 11 <i>[ages 8-12]</i> \$75 X	<input type="text"/>	= _____
Aug 13, 14, 15 <i>[ages 8-12]</i> \$75 X	<input type="text"/>	= _____
FUTBOL FIT		
July 16, 17, 18 <i>[ages 6-10]</i> \$75 X	<input type="text"/>	= _____
August 6, 7, 8 <i>[ages 6-10]</i> \$75 X	<input type="text"/>	= _____
MY FUTBOL ABC'S PARENTS WELCOME!		
June 18, 19, 20 <i>[ages 4-6]</i> \$75 X	<input type="text"/>	= _____
July 30, 31 Aug 1 <i>[ages 4-6]</i> \$75 X	<input type="text"/>	= _____
TOTAL	<input type="text"/>	

Discount for Multiple Registrations

Because WCS camps are fun & dynamic multiple registrations are popular. In appreciation for your continued preference, we would like to offer you a discount when registering for more than one camp or more than one child per camp.

10% = 2 Registrations *[2 camps or 2 kids]*

15% + 2 Registrations *[+2 camps or +2 kids]*

If applicable, please enter new total below:

NEW TOTAL:

Payment Information

Spots are secured by order of payments received. Enrollment fees are not refundable. If you have any questions, please send us an email or give us a call.

Check #:

Payable to: **West City Soccer**

Address: **PO Box 4849, C'ville VA 22905**

Step 3: What to Bring?

WCS Summer Camps take place from 9:30 - 11:30 am in the Covenant Church Gym [1025 E. Rio Road, Cville, VA 22901] Running shoes, shin guards, light comfortable clothing and a water bottle are essential to maximize fun and safety.

Thank you. We look forward to playing futbol with you!

PO Box # 4849, Charlottesville, VA 22905 ★ Tel: (434) 430.0378 ★ Coach@WestCitySoccer.com

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★ LIABILITY WAIVER/PARENT CONSENT ★

To participate in *WestCitySoccer* clinics, games and related activities, the player(s) and parent/guardian(s) must:

1. Acknowledge and understand fully that the player(s) will be engaging in activities that involve the risk of serious bodily injury and severe social and economic losses which might result not only from his/her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. There may also be other risks not known to us or not reasonably foreseeable at this time.
2. Agree to hold *WestCitySoccer* and its employees harmless, and hereby release them from any liability on account of injuries sustained by the player(s) while participating in soccer activities.
3. Certify that the player(s) is covered by medical insurance which will reimburse *WestCitySoccer* for expenses incurred by their employees on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.
4. Release, waive and discharge from any and all liability and covenant not to sue *WestCitySoccer*, their respective administrators, directors, and employees of the organization and other participants.
5. Give consent for the player(s) to be photographed while participating in soccer activities and for the resulting photos or film to be used by *WestCitySoccer*.
6. I/we understand that my/our child is subject to immediate dismissal if he/she does not comply with the clinic's regulations, or if my/our child's behavior is found to be detrimental to the best interests of the clinic.
7. I/we give consent for our child to receive emergency medical care as seen needed by the *WestCitySoccer* employees.
8. I have read and understand all of the above.

Player's Name(s): _____

Player's Signature(s): _____

Date: _____



Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____