

The Summer Soccer School **APPLICATION**

Players Name _____ Parents Name _____

Street Address _____ City _____ Zip _____

Email _____ Phone (H) _____

Phone (Alt.) _____ Age ____ Male or Female (circle)

Camp(s) Check all that apply

<p><u>Academy Instruction</u> \$200 for 17 sessions _____ \$100 for 8 Sessions _____ All Sessions 9 am – 11 am Dates: June 15,17,19, 22, 24, 29 July 1,3,6,8,10, 13, 15,17, 20,22,24</p>	<p><u>Striker Camp</u> \$100 each session Session One _____ Session Two _____ Session One: July 26-30 Session Two: Aug 2-6 Monday—Friday 6:00-8:00 pm</p>
<p><u>Technical and Tactical Training</u> \$100 each session Session One _____ Session Two _____ Session One: July 26-30 Session Two: Aug 2-6 Monday—Friday 9:00 am - 11:00 am</p>	<p><u>High School Team Camp</u> \$100 per player School Name _____ Player Name _____ Week Attending _____ Time AM ____ Afternoon ____ PM ____ <u>This camp is organized by the High School Coach</u></p>

Please make checks payable to:
The Summer Soccer School
1270 Carmel Dr. Marysville, OH 43040
Phone: 614 571 0865
 visit www.opsoccer.com for more information

Parent approval and medical release:

Recognizing the possibility of injury, both physical and mental, associated with soccer, and in consideration for the The Summer Soccer School and its affiliates accepting the registrant for its soccer camp program(s) and associated activities I hereby release, discharge and otherwise indemnify The Summer Soccer School, its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to and from the same, which transportation I hereby authorize.

Name Signed: _____

Name Printed: _____

Date: _____