

APPLICATION

June 12-17th, 2011



Player's Name _____

Address _____

City _____ State _____ Zip _____

_____ Male _____ Female Date of Birth _____ Age _____

Parents' Names _____

Hm Phone _____ Wk Phone _____

Cell Phone Dad: _____ Mom: _____

Email address #1 _____ #2 _____

Team Name _____

Coach's Name & Phone _____

Position _____ Years Played _____

Roomate (1) _____

Request; (2) _____

In case parents cannot be reached, the person to contact in an emergency is:

Hm Phone _____ Wk Phone _____

Cell Phone _____ E-mail _____

T-Shirt Size (circle one) Youth: L Adult: S M L XL

___ I am purchasing a high quality Camp "Game Ball" for \$25.00

___ I am bringing my own soccer ball to camp



Medical Ins. Co. _____

Group # _____

Please List any special medical conditions or medications taken which the camp staff needs to be aware of:

I, as a parent/guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is enrolled in Tatu's All* Star Camp. In consideration of the acceptance of my child's/wards' entry into Tatu's All*Star Camp, I hereby, for myself and my child/ward, our heirs, executors, administrators and personal representative, discharge, waive and release Tatu's All*Star Camp, its partners, agents, and employees, and the owners of the facilities in which injury or death, which my child/ward or I may have by virtue of or arising in connection with his/her participation in Tatu's All*Star Camp. By executing this document, I hereby assume, on behalf of my child/ward, all risk of injury or loss to which he/she may be exposed. I also give my permission for the free use of my child's/ward's name, picture and/or likeness in any article, broadcast or other account of Tatu's All*Star Camp, including, but not limited to, promotion of future events or other promotional use. I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE MEDICAL RELEASE AND WAIVER. I understand the tuition balance is due at least 2 weeks prior to the first day of camp.

NAME OF PARENT OR GUARDIAN _____

SIGNATURE OF PARENT OR GUARDIAN _____

A physician will be on call and emergency services will be available. No one will be admitted to camp without a fully completed application including parent's signature.

DATES AND FEES

DIADORA

FIRST AND FRUGAL - \$500 if paid in full by MARCH 1st, 2011
SAVVY AND SMART - \$525 if paid in full by MARCH 15th, 2011
BEAT THE RUSH - \$550 if paid in full by APRIL 1st, 2011
TENSE AND TARDY - \$575 if paid in full by APRIL 15th, 2011

SILLY SLOWPOKE - \$600 if paid in full by MAY 1st, 2011
LATE BUT LUCKY - \$625 if paid in full by MAY 15th, 2011
DESPERATE DADDY - \$650 if paid after MAY 15th, 2011