



**Smart Soccer International Inc.**

**SmartSoccer.com**

*Over 20 Years of Summer Soccer Camps!*



**Sea Isle – 2016 Smart Soccer Camp Application**

*A longstanding soccer camp partnership!*

**August 15-18 Day Camp – Dealy Field, Sea Isle**

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.

**REGISTER NOW! Camp fees will increase after June 1.**

Please note cash payments only for walk-on campers (space permitting).

***Send camp application & check to the above address.***



**Sea Isle 2016 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).

Check the appropriate box: **August 15-18 Day**       8:30-9:30 (\$90 ages 4 & 5)       9:30-12:30 (\$160 ages 6-14)

The above camp fees will increase by \$10 as of June 1, based on post mark date when your application is received. There is also an additional \$10 'walk on' fee for showing up on the first day of camp, we cannot guarantee a place for walk on campers. Cash payments only for walk on campers.

Check here if you wish to purchase a soccer ball for an additional \$10 (while supplies last)

**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 Numbers: \_\_\_\_\_

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. The fee is transferable if a child needs to switch camps. There are no exceptions to the camp refund policy. 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. 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: \$ \_\_\_\_\_