



OFFICIAL USE _____

App.# _____ Date _____

Amt. Pd. _____

Amt. Due _____

PACKER SOCCER CAMPS, INC. 2012 REGISTRATION FORM

Register Online at: www.packersoccercamps.com

(Please Print or Type)

NAME _____

HOME ADDRESS _____

TOWN _____

STATE _____ ZIP _____

HOME PHONE _____

BUS. PHONE _____

CELL PHONE _____

EMAIL _____

SCHOOL _____

MALE FEMALE AGE AT CAMP _____

ARE YOU A REPEAT CAMPER? YES NO

FAMILY DOCTOR _____

(name)

(phone)

This registration is for: (please check appropriate areas)
Ask about our multiple week and sibling discounts.

Week 1: June 25-29, 2012 (Mon.-Fri.) • 9:00-12:00
 Grasshoppers Program • 10:00 - 11:00
Rowayton Elementary School, Rowayton, CT

Week 2: August 6-10, 2012 (Mon.-Fri.) • 9:00-12:00
 Grasshoppers Program • 10:00 - 11:00
Middlesex Middle School, Darien, CT

Proceeds from the camp will be donated to Haiti Lumiere de Demain, a non-profit organization which promotes literacy among the children of Haiti.

Each camper receives ONE professional-quality soccer ball and camp uniform for the summer. In addition, your child will receive a camp photo and medal of achievement for each week of enrollment (Grasshoppers receive ball, t-shirt, medal and camp photo).

IMPORTANT: PLEASE SIGN MEDICAL RELEASE (back) ►

Medical Release - I enroll my child to participate in any and all activities of the Packer Soccer Camp, and I waive all claims against the camp owners, organizers, sponsors, supervisors, coaches, related personnel and employees which might arise as a result of injuries in approved camp activities. I verify that my child has his/her own medical insurance policy, and I have made all arrangements to determine his/her physical fitness to attend camp. I hereby give consent for my child to be medically treated for injuries or illness during his/her participation in camp.

Signature of Parent or Guardian _____ Date _____

Disclaimer - Packer Soccer Camps, Inc. uses its websites and social media such as Facebook and Twitter to showcase and advertise its programs, to enhance your child's connection to fellow campers, and encourage participation in the sport of soccer in general. This may or will include photographs or video of you, your family, or your child, and you hereby give your license to Packer Soccer Camp to publish any such imagery on such sites or on Camp websites or materials without consideration or fee. You should know that such sites may reserve or claim the right to use posted images as well.

If you wish to decline this license, check here

FEES

Half Day (9 A.M.-12 noon) \$250
Grasshoppers Program \$150

• Full payment is due with application to reserve your camper's space.

CANCELLATION POLICY

A 50% refund is issued if cancellation is made before June 1, 2012. There is no refund if cancellation is made after June 1, 2012

• Campers can be dropped off at 8:30 AM
• Indoor shelter available in case of inclement weather

Please mail the application along with a check, payable to:

PACKER SOCCER CAMPS

43 Pine Point Road, Rowayton, CT 06853
(203) 866-4830
www.packersoccercamps.com

Please mail a Packer Soccer Camp brochure to a friend:

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

CAMP LOCATIONS

Rowayton Elementary School
1 Roton Avenue • Rowayton, CT 06853

Middlesex Middle School
204 Hollow Tree Ridge Road • Darien, CT 06820