

APPLICATION  
HUNTER SOCCER CAMP  
2143 Oakdale Avenue - Glenside, PA. 19038

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Email address (important): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
PLAYING EXPERIENCE:  Beginner  Intramural

SHIRT SIZE  YM  YL  M

SESSIONS: 9:00 to noon  Session 1 July 5<sup>th</sup>-9<sup>th</sup>  
 Session 2 July 12<sup>th</sup>-16<sup>th</sup>  
 Session 3 July 5-9 & 12-16 (\$15 discount applies)

A \$30 non-refundable deposit must accompany each application. **Balance is due on or before June 15<sup>th</sup>**. After June 15<sup>th</sup> applications must be submitted with full tuition, and are subject to first come- first served.

**THE FOLLOWING MUST BE SIGNED BY A PARENT OR GUARDIAN**

"I hereby certify that my son/daughter is in good health and has my permission to participate in the HUNTER SOCCER CAMP, and all of its activities. I certify that there are no limits to my son/daughter's participation except as stated in writing and included with this application. I authorize all medical and hospital procedures as may be performed in the case of emergency. HUNTER SOCCER CLUB, the SOCCER CLUB DIRECTOR AND HIS STAFF are not responsible for any accident, medical/dental expenses or any other expenses incurred as a result of my son/daughter's participation in the camp. I also recognize that photographs taken of camp participants are the property of HUNTER SOCCER CAMP and may be used at the discretion of its director."

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Name of Parent or Guardian)

**SPECIAL NEEDS: If your child has special physical needs, please attach medical information.**