

**SOCCER, ETC. INTERNATIONAL
SUMMER CAMPS 2008**

Please Complete & Return with Your Check To:
Soccer Etc., International, P.O. Box 7265, Mission Hills, CA 91346
Phone (661) 252-8521 or (661) 600-3610
Website: www.socceretc.org
E-Mail: cnicolaou@sbcglobal.net

Please complete an application for each player:

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Boy: _____ Girl: _____ Date of Birth: _____

T-Shirt Size: Youth L: _____ Adult M: _____ L: _____ XL: _____

I would like to enroll my child in the following Camp Sessions:

Wyoming Camps: #1 (6/9-6/12) _____ #2 (6/16-19) _____ #3 (6/24-27) _____

Oxy Camp: #4 (7/7-7/11) _____ **Maryland Camp:** #5 (7/14-7/18) _____

Oxy Camps: #6 (7/21-7/25) _____ #7 (8/4-8/8) _____ #8 (8/11-8/15) _____

Position Played: _____ Require a soccer ball? \$25.00 Size: 3 _____ 4 _____ 5 _____

E-Mail Address: _____

I hereby authorize the staff of SOCCER ETC., INTERNATIONAL to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release SOCCER ETC, INTERNATIONAL and its employees from any and all liability for any injury or illness caused while at camp. I have no knowledge of any physical impairment that would be affected by the above-named camper's participation in the program. I also understand that SOCCER ETC., INTERNATIONAL retains the right to use for publicity or advertising purposes, any and all photos taken of campers at camp.

_____/_____/_____
Parent/Guardian's Signature Date

Emergency Phone Number and Contact: _____
Name of Contact Phone Number