

CARLOS OLIVEIRA SOCCER ACADEMY / BEYOND SPORTS

CAMP ENROLLMENT APPLICATION

(*** Complete forms, and mail with check to address below. ***)

CHILD'S FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: ___/___/___ (MM/DD/YYYY) SCHOOL: _____ GRADE: _____

HOME ADDRESS: _____
Street City State Zip

HOME TELEPHONE: (____) _____ E-MAIL: _____

MOTHER'S NAME: _____ MOBILE: _____

FATHER'S NAME: _____ MOBILE: _____

EMERGENCY CONTACT: _____ MOBILE: _____

PEDIATRICIAN'S NAME: _____ TELEPHONE: _____

DIETARY OR HEALTH RESTRICTIONS: (Please, be as specific as possible)

Please, select your choices by circling:

1) HOW DID YOU HEAR ABOUT US?

Newspaper Flyer Internet Coach Friend Returning student Other: _____

2) DO YOU ALLOW YOUR CHILD TO GO HOME UNACCOMPANIED? Yes / No

3) ATTENDING WEEK(S)? (COST: \$225 / WEEK)

July 6-10 July 13-17 July 20-24 July 27-31

4) NEED 4:30PM LATE PICK-UP? (COST: \$80 / WEEK) Yes / No

All checks should be made payable and mailed to:

BEYOND SPORTS MANAGEMENT
151-10 35TH AVENUE, SUITE 2N
FLUSHING, NY 11354

CARLOS OLIVEIRA SOCCER ACADEMY / BEYOND SPORTS

CAMP AGREEMENT AND RELEASE

(*****Complete, sign, and return with application, along with a \$150 deposit, to the address listed at the bottom of the page.*****)

By signing below I, _____, certify that I am the parent or legal guardian of _____. I hereby give my permission for _____ to participate in the Carlos Oliveira Soccer Academy (COSA) / Beyond Sports Management (BSM) Camp. I understand that participation in sports carries inherent risks, and I agree to hold COSA and/or BSM, its officers, directors, employees, coaches, and agents harmless from any liability for any injury, harm or loss that my child may suffer in the course of his/her participation in the program. I further understand and agree that COSA/BSM retain the right to expel my child from the program if he/she engages in any conduct that is dangerous to any other participant or to staff, coaches, employees or agents or that is disruptive to the program.

I agree to supervise or designate an adult to supervise my child prior to and immediately after his/her COSA/BSM activities.

For promotional activities, COSA/BSM may utilize photographs of participating children and their parents or caregivers while engaged in our activities. By signing below you consent to such use and waive all rights to compensation.

I grant permission to COSA/BSM to transport my child(ren) to or from places where COSA/BSM holds its activities, and agree to hold harmless COSA/BSM and to assume all risk of damage or injury, including death, however caused, whether by negligence of the driver(s), owner(s) or otherwise, by acts of other children or by other third parties, while in or about the vehicle. I agree that neither they nor their heir will make any claim against or sue COSA/BSM driver(s) or vehicle owner(s), and waive all rights, claims and causes of action against COSA/BSM driver(s) or owner(s) or otherwise.

Cancellation/Refund Policy

By signing below I understand that the \$150 initial deposit is non-refundable or transferable. After June 1, 2009, cancellations will not be accepted and no refunds will be given. I understand that admission to the COSA/BSM Camp is based solely on availability and full payment is due one week before my child's start date. If I wish to register for additional weeks during the camp season, I must pay in full a minimum of one week before the added session's start date.

Print Your Name: _____ Signature: _____ Date: _____

*****PLEASE, PAY YOUR BALANCE ONE WEEK BEFORE YOUR CHILD'S START DATE*****

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