

KIDS OF SUMMER BASEBALL / CARLOS OLIVEIRA
SOCCER ACADEMY

DUAL-CAMP APPLICATION

(PRINT AND FILL OUT FORMS AND MAIL WITH \$150 DEPOSIT CHECK TO ADDRESS BELOW)

CAMPER NAME: _____

CAMPER'S AGE: _____ CAMPER'S DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELLPHONE: _____

E-MAIL: _____

PHYSICAL DISABILITIES/ILLNESSES/ALERGIES: _____

DO YOU ALLOW YOUR CHILD TO GO HOME UNACCOMPANIED? Y / N

YOUR CHILD'S T-SHIRT SIZE (CIRCLE ONE):

Youth Small Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult X-Large

SESSION(S) ATTENDING (CIRCLE CHOICES):

1. JULY 13 – JULY 17
2. JULY 20 – JULY 24
3. AUGUST 3 – AUGUST 7
4. AUGUST 10 – AUGUST 14

COST: \$450/WEEK

I NEED 4:30 LATE PICK UP OPTION (\$80/WEEK) Y / N

Kids of Summer and Carlos Oliveira Soccer Academy
Dual Camp 2009

AGREEMENT AND RELEASE

Please 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 Kids of Summer /Carlos Oliveira Soccer Academy Dual Sport Camp. I understand that participation in sports carries inherent risks, and I agree to hold Kids of Summer and Carlos Oliveira Soccer Academy, 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 Kids of Summer/Carlos Oliveira program. I further understand and agree that Kids of Summer and Carlos Oliveira Soccer Academy 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 Kids of Summer and Carlos Oliveira Soccer Academy coaches, employees or agents or that is disruptive to the program.

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 Kids of Summer/Carlos Oliveira Dual 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.

In case of emergency, the following persons may be contacted:

1: Name: _____ Relationship to Child: _____

Cell Phone: _____ Other Phone: _____

2: Name: _____ Relationship to Child: _____

Cell Phone: _____ Other Phone: _____

3: Physician's Name: _____ Phone: _____

Print Your Name: _____

Signature: _____ Date: _____

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

All checks should be made payable and mailed to:

KIDS OF SUMMER
320 W. 87th Street #4E
New York, NY 10024

OR

CARLOS OLIVEIRA SOCCER ACADEMY
2768 East 16th Street
Brooklyn, NY 11235