

# SHARKS SOCCER CAMPS

## Registration Form (separate form for each player):

PLAYER'S NAME:	Age on July 31, 2012:		
ADDRESS:			
HOME PHONE:			
E MAIL:			
PLAYER'S GENDER, AGE and DATE OF BIRTH:			
PARENTS' NAMES:			
PARENTS' CELL #:			
NAME OF 1 <sup>ST</sup> PERSON TO CONTACT IN AN EMERGENCY:			
1 <sup>ST</sup> PHONE # TO CALL FOR EMERGENCY CONTACT:			
PLAYERS EXPERIENCE LEVEL: Please Circle.			
NEW	OPTIMIST (BEGINNER)	OPTIMIST (ADVANCED)	SHARKS (OR COMP)
<b><u>CHECK WHICH CAMP YOU ARE REGISTERING THIS PLAYER FOR:</u></b>			
HALF DAY Dec 27 - 30 9 -11.30 AM Sea Gate Park (\$110) <b>DUE DEC 17</b>			
FULL DAY Dec 27 - 30 * finishes 11.30 on Friday 9 -3PM Sea Gate Park (\$185) <b>DUE DEC 17</b>			
DISCOUNTS and FEES			
Late Fee +\$10 (After Dec 17)			
Multi camp discount – 2 camps or 2 players - 10% off total			
Multi camp discount – 3+ camps or 3+ players (or combination of) – 15% off total			
T SHIRT SIZE (Circle one):    YS    YM    YL    AS    AM    AL    AXL			

I/We the parent(s) or legal guardian(s) of the above-named minor do hereby give my/our approval for said minor to participate in Naples Youth soccer camps. I/We assume all risks and hazards relating to such participation. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless NYSC, Collier County Schools, City of Naples, Collier County Parks and Rec. its board, staff, coaches, members, volunteers, supervisors, sponsors, associates and representatives from any and all rights and claims for dangers resulting from injury to persons or property which may be sustained or occur during, before and after participation in camp activities, or arising from traveling to or from camp, whether said injury is due to negligence or not.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL TO: GAVIN SPOONER, 2050 Morning Sun Ln, Naples, FL 34119. Checks payable to: NYSC