



THE SOCCER F.I.T. ACADEMY™

PRESENTED BY CLAY COUNTY SOCCER CLUB, ADIDAS AND EUROSPORT

YOUTH DEVELOPMENT CAMP APPLICATION

PLAYER'S LAST NAME: _____

PLAYER'S FIRST NAME: _____

NICKNAME (IF ANY): _____ MIDDLE INITIAL: _____

DATE OF BIRTH (MONTH/DATE/YEAR): _____ AGE AT CAMP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/LEGAL GUARDIAN'S NAME(S): _____

PARENT'S CELL PHONE (S): () _____ / () _____

PARENT'S WORK PHONE: () _____ HOME PHONE: () _____

EMAIL (S): _____

ARE YOU A CURRENT REGISTERED FLORIDA YOUTH SOCCER ASSOCIATION (F.Y.S.A.) PLAYER FOR THE 2009-10 SEASON? YES NO (NOTE: An additional fee of \$10 will be added to the Academy registration fee if NOT a current F.Y.S.A. registered player.)

IF YES, NAME OF PLAYER'S CURRENT SOCCER CLUB: _____ STATE: _____

AGE GROUP & GENDER: _____ COACH: _____

SCHEDULE OF YOUTH DEVELOPMENT CAMP SESSIONS

Youth Development Camp (Recreation & Academy Level Camp)

- Monday, July 5 – Thursday, July 8, 2010
- 9 AM – 12 PM each day

LOCATION

ALL SOCCER F.I.T. ACADEMY™ sessions will be at:

*The Dennis Viollet (CCSC) Soccer Complex at Eagle Harbor
4387 Lakeshore Drive, Fleming Island, FL 32003*

COSTS

- \$90 per player for ALL 4 Youth Development (Rec) Camp Sessions and **includes** camp T-shirt!
- There is a minimum of **20** total registered participants for the camp to be confirmed.
- Additional Soccer FIT Academy T-shirts can be bought for **\$15** per shirt (includes sales tax).

METHOD OF PAYMENT

- Deadline for registration is **June 16, 2010**. Please make ALL checks payable to: CLAY COUNTY SOCCER CLUB and Mail to QR drop off at:

*THE SOCCER F.I.T. ACADEMY™
C/o CARLOS MANUEL
4387 LAKESHORE DR
FLEMING ISLAND, FL 32003*

- APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNED AND COMPLETED MEDICAL RELEASE AND CONSENT FORM INCLUDED WITH THE APPLICATION AND PAYMENT. PLEASE ALSO REMEMBER TO ALSO COMPLETE THE PLAYER INFORMATION SHEET AND BRING TO THE FIRST DAY OF TRAINING.

T-SHIRT

Registration includes one (1) T-Shirt per participant. Additional T-Shirts can also be purchased for **\$15 per shirt** (tax included). Please check size and list quantity:

YOUTH: Y-MEDIUM QNTY: ____ Y-LARGE QNTY: ____ Y-X LARGE QNTY: ____

ADULT: SMALL QNTY: ____ MEDIUM QNTY: ____

 LARGE QNTY: ____ X LARGE QNTY: ____

* FOR OFFICE USE ONLY *

AMOUNT RECEIVED: _____ DATE: _____

CHECK #: _____ BALANCE DUE: _____ # OF SHIRTS: _____

RECEIVED BY: _____ INITIALS: _____



THE SOCCER F.I.T. ACADEMY™

MEDICAL RELEASE FORM

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE

1. I understand that there is a risk in participating in any sport, including the SOCCER F.I.T. ACADEMY™, a risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the Academy Staff (Coaches) as so as the problem begins.

2. By signing below, I certify the following:

- That my child is not currently under the care of a physician for and injury or illness that would prevent his/her safe participation in soccer camp.
- That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in soccer camp.
- That my child has no history of fainting or other problems related to strenuous exercise; and
- That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date _____

CONSENTS

1. By my signature below, I hereby give permission for the SOCCER F.I.T. ACADEMY™, Carlos Manuel, Clay County Soccer Club, Adidas and Eurosport and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her time at camp.

2. By my signature below, I hereby give consent to have my child be photographed or videoed during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by the SOCCER F.I.T. ACADEMY™, Carlos Manuel, Clay County Soccer Club, Adidas and Eurosport.

Parent/Guardian Signature _____ Date _____

RELEASE

1. I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that maybe sustained by my child as a result of his or her participation at soccer camp. I also certify that I have health insurance which provides adequate coverage for injuries or illness my child may sustain while participating at the SOCCER F.I.T. ACADEMY™.

2. By my signature below, I also agree to release and promise not to sue the SOCCER F.I.T. ACADEMY™, Carlos Manuel, Clay County Soccer Club, Adidas and Eurosport or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in the SOCCER F.I.T. ACADEMY™.

Parent/Guardian Signature _____ Date _____



THE SOCCER F.I.T. ACADEMY™

PLAYER INFORMATION SHEET

YOU MUST BRING THIS COMPLETED CARD WITH YOU TO CAMP

CAMPER _____
LAST FIRST

PARENTS _____
LAST FIRST

ADDRESS _____
STREET CITY & STATE

EMERGENCY PHONE NUMBER (H) _____ (O) _____

HEALTH INSURANCE INFORMATION

Company _____
Policy Number _____
Date _____

Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

