

Albion 2009 Soccer Camp Application

Camper Name: _____

Male or Female (circle one) Age at camp: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Roommate Preference: _____

Shirt Size (circle one): YM YL S M L XL

Please check if you want specialized goalkeeper training:

In Case of Emergency:

Mom name: _____

Mom phone: _____

Dad name: _____

Dad phone: _____

Insurance Company: _____

Policy Number: _____

Please list your child's food or medicine allergies:

Please list any medications your child is taking:

Consent Form:

I hereby declare my child to be in good health and able to participate in the camp activities. I give Albion Soccer Camp permission to act in the best interest of my child in seeking medical attention in the event of an accident. I will not hold Albion College or Jerry Block, Camp Director, responsible in case of injury as a result of participation.

Parent/Guardian Signature: _____

Payment (please check one):

- _____ \$425 Premier camp
- _____ \$399 Premier camp (early bird special, before April 1)
- _____ \$375 Premier camp (team discount)
- _____ \$325 Premier camp (commuter)
- _____ \$200 Premier camp deposit (full payment due June 1)

Would you like to pre-order a camp ball? If yes, please include an extra \$25 in your payment.

Make check payable to "Jerry Block Soccer Camps" and mail to:

Albion Soccer Camp
Jerry Block, Director
965 Haven Road
Albion, MI 49224