



2017 Spring Break Camp

Games, Drills + Scrimmages | April 3-7

Player Name: _____ Gender: _____
 Parent Name: _____ DOB: _____
 Address: _____ School: _____
 City: _____ State: _____ Zip Code: _____
 Phone 1: _____ Email 1: _____

Fax to Kristen Wallace at 502.899.3566 or Drop-Off this Application to MVSC, 3000 Mellwood Avenue, Louisville, Kentucky 40207

Please Choose Your Camp Selection:	Half Morning	Half Afternoon	Full Day
	9:00am-12:00pm	1:00pm-4:00pm	9:00am-4:00pm
3-5 Year Olds – 1 DAY (9:00am-11:00am)	\$25	x	x
3-5 Year Olds – FULL WEEK (Mon-Thurs) (9:00am-11:00am)	\$100	x	x
6-13 Year Olds – 1 DAY	\$45	\$45	\$80
6-13 Year Olds – FULL WEEK	\$175	\$175	\$330

- ❖ 3-5 Year Olds ONLY come 9:00am-11:00am and the camp is only offered Monday – Thursday, NO Friday camp for 3-5 year olds
- ❖ FULL DAY campers can take advantage of our lunch packages below or they can bring a sack lunch!

Please indicate the days you wish to attend below:
 Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Lunch Packages:	1	2	3	4	5
Lunch Options	PB & J	Turkey & Swiss	Ham & Cheese	Chicken Salad	Tuna Salad

The lunch package includes the sandwich, chips, cookie and water! Each lunch package is \$10 per day and all from North End Café, MVSC's food partner!

Please mark the number of the sandwich above that your camper would like to have each day!
 Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please Choose Pick-Up Selection:	Early Drop-Off	Late Pick-Up	BOTH	NONE
1 DAY USE	\$10	\$15	\$20	\$0
FULL WEEK USE	\$40	\$60	\$100	\$0

- ❖ EARLY DROP-OFF is between 7:30-8:30am and we will provide your campers with fun-filled activities until camp time
- ❖ LATE PICK-UP is between 4:30-6:00pm and we will provide your campers with fun-filled activities until pick-up time

Payment Options: (Please Check the Option by Which You are Paying)

Please Check: Cash Check Credit Card **TOTAL DUE = \$ _____**

Card Number: _____ Expiration Date: _____/_____/_____

Name On the Card: _____ Security Code: _____

Signature: _____

By signing above you are authorizing Mockingbird Valley Soccer Club to charge your credit card for the amount listed above. All credit card information is maintained in strict confidence and is used only for the payment upon your signature and approval.

Parent/Guardian Agreement: (Please read carefully and sign below)

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for the Youth Soccer Camps at Mockingbird Valley Soccer Club (MVSC), I certify that Participant is of normal health and in proper physical condition to participate in the Youth Soccer Camps and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in indoor soccer (both practice and competition); that indoor soccer is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participants participation in the Youth Soccer Camps.

I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Youth Camp Program at MVSC. In the event that I cannot be reached in an emergency, I hereby give permission to the MVSC staff to secure emergency medical services including transportation and physician.

Signature of Parents: _____ Date: _____