



2017 Summer Camp 3-5's

Camps Offered Weekly May thru August

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 Check Camp Attending:

	4 DAY WEEK CAMP	TIME	1 Day Attendance		Full Week Attendance	
			ONLINE	PAPER	ONLINE	PAPER
<input type="radio"/> May 30-June 1	*Tuesday-Thursday*	9:00am-11:00am	\$25	\$30	\$75	\$80
<input type="radio"/> June 5-8	Monday-Thursday	9:00am-11:00am	\$25	\$30	\$100	\$105
<input type="radio"/> June 12-15	Monday-Thursday	9:00am-11:00am	\$25	\$30	\$100	\$105
<input type="radio"/> June 26-29	Monday-Thursday	9:00am-11:00am	\$25	\$30	\$100	\$105
<input type="radio"/> July 10-13	Monday-Thursday	9:00am-11:00am	\$25	\$30	\$100	\$105
<input type="radio"/> July 17-20	Monday-Thursday	9:00am-11:00am	\$25	\$30	\$100	\$105
<input type="radio"/> July 31-August 3	Monday-Thursday	9:00am-11:00am	\$25	\$30	\$100	\$105

❖ **NO Early Drop-Off or Late Pick-Up offered for this age.**

Please indicate the days you wish to attend below:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

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: _____