



# Summer Camps - 6-11's

## Run Between June and August

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

\* Fax to Debi Ballard at 502.899.3566 or Drop-Off this Application to MVSC, 3000 Mellwood Avenue, Louisville, Kentucky 40207

**Please Check Camp (Morning=\$115.00, Afternoon=\$100.00, Full Day=\$195.00):**

June 7th - 11th 9:00am-12:00pm

*Half Day Afternoon or Morning Available for the Following:*

June 28th - July 2nd 9:00am-4:00pm

July 5th - 9th 9:00am-4:00pm

July 12th - 16th 9:00am-4:00pm

July 26th - 30th 9:00am-4:00pm

August 2nd - 6th 9:00am-4:00pm

August 9th - 13th 9:00am-4:00pm

**Payment Options - Please Check the Option by Which You are Paying:**

Cash  Check  Credit Card

Please Check:  Visa  Mastercard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name On the Card: \_\_\_\_\_

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 Camp 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: \_\_\_\_\_