



# Summer Camps - 3'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 (\$75.00):

May 31st - June 3rd	9:00am-10:30am
June 6th - 9th	9:00am-10:30am
June 13th -16th	9:00am-10:30am
July 27th - 30th	2:00pm-3:30pm
July 5th - 8th	9:00am-10:30am
July 11th - 14th	9:00am-10:30am
July 25th - 28th	9:00am-10:30am
August 1st - 4th	9:00am-10:30am
August 8th – 11th	9:00am-10:30am

### 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: \_\_\_\_\_