



**SOCCER CAMP 2010 APPLICATION**

(415) 497-8164 • Email: fionasoccercamps@yahoo.com • www.fionasoccercamps.com

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  Boy  Girl

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

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/ Guardian name: \_\_\_\_\_ Parent's email: \_\_\_\_\_

List any medical conditions or restrictions: \_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor to notify in an emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Current/Last team played on: \_\_\_\_\_ Age Group: \_\_\_\_\_

Skill Level: \_\_\_\_\_

**Application and payment due by July 2, 2010**

**DATES**

- Session 1: July 19-23, Monday-Friday @ White Hill Middle School
- Session 2: August 2-6, Monday-Friday @ White Hill Middle School

**PRICES**

- Full Day: 9am-3pm.....\$225 \_\_\_\_\_
- Half Day/Morning: 9am-Noon.....\$175 \_\_\_\_\_
- Half Day/Afternoon: Noon-3pm.....\$175 \_\_\_\_\_

**DISCOUNTS**

- WMYSL Players: Full Day .....\$200/each \_\_\_\_\_
- Team Discount: 5 or more players, Full Day .....\$200/each \_\_\_\_\_
- Sibling Discount: 2nd or more, Full Day .....\$205/each \_\_\_\_\_

**OPTIONAL**

- Extended Camp: 8:30-5pm
  - Extra per week .....\$65/week \_\_\_\_\_
  - Extra per day.....\$30/day \_\_\_\_\_

Check # \_\_\_\_\_ **Total Amount** \_\_\_\_\_

**Early Bird Special:**

\$15 Off full weekly cost if paid in full by **May 15th**.

**Camp Location:**

Whitehill Middle School  
101 Glen Drive  
Fairfax, CA 94930

**Bring Your Own:**

SOCCER BALL  
WATER BOTTLE  
LUNCH  
SHINGUARDS  
CLEATS

**Make check payable to:**

Fiona's WM Soccer Camp

**Mail to:**

Fiona's WM Soccer Camp  
P.O. Box 129  
San Geronimo, CA 94963

I, the parent/guardian of the above named player, agree that the player and I will abide by the rules and regulations of the U.S. Youth Soccer (USYS) and its affiliated organizations. I hereby release, discharge and otherwise and indemnify and hold harmless the USYS, the WMYSL and affiliated parties, the owners and operators of the facilities used for the program and their respective directors, officers, agents and representatives, Fiona O'Sullivan, Maureen Healy, and Aidan O'Sullivan from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in Fiona's Soccer Camp. As the parent of legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb or well being of my dependent.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_