

Registration Application

Please print clearly.



International Soccer Camp 2010

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_
(Last) (First) (Middle) (Mo/Day/Year)

Address: \_\_\_\_\_
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age as of September 2010: \_\_\_\_\_ Uniform Size: \_\_\_\_\_

Name of Current Coach: \_\_\_\_\_ Soccer Position: \_\_\_\_\_

Requested Roommate: \_\_\_\_\_

International Soccer Camp

At: University of California, Santa Barbara

July 11 (Sun) - July 17 (Sat)
Single Week

July 18 (Sun) - July 24 (Sat)
Single week

July 11 (Sun) - July 24 (Sat)
Two Weeks

Tuition: \$775 per week per player; Day students \$500 per week per player
Two week academy \$1,450 Family discount \$50 per week per family (brother or sister). Team discounts available

Refund policy: The deposit is non-refundable and non-transferable regardless of the reason for cancellation. Other payments will be refunded only upon written request and if cancellation is made at least 15 days before the opening of the camp session. After that time no refunds will be made for any reason. Deposit for one week is \$350 and two weeks is \$550. Balance must be paid no later than May 31st.

First day of camp: Check-in starts at 2:00pm Sunday (arrival day). Check-out is 11:00am, Saturday. Any photographs or videos taken during participant sessions may be used at the discretion of International Soccer Camp, Inc.

Make check or money order payable to International Soccer Camp, Inc.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Complete This Form and Mail with Your Deposit to get started today!

International Soccer Camp, Inc.
10470 Riverside Drive #101

Toluca Lake, CA 91602

If you have any questions? Call (818) 761-3248 or Cell (818) 416-3267
Web: www.internationalsoccercamp.com | Email: DDVS@roadrunner.com

See Insurance Forms Below



10470 Riverside Dr. #101, Toluca Lake, Ca 91602

Tel: 818 761 3248 or 818 416 3267

[www.internationalsoccercamp.com](http://www.internationalsoccercamp.com)

e mail: [ddvs@roadrunner.com](mailto:ddvs@roadrunner.com)

A WARM WELCOME TO INTERNATIONAL SOCCER CAMP

### Insurance Forms

We would like to express to you our sincere gratitude for choosing International Soccer Camp. Everyone in our staff is looking forward to providing a memorable, fun, and rewarding experience for all participants.

The following points will help you with your planning, and ensure a comfortable and pleasant stay at the camp.

- Check-in is at 2:00pm on opening day (Sunday). You will also pick up your soccer uniform at that time. There will be a \$25.00 key deposit, which is refundable upon key return.
- The medical form must be filled-out and signed by a parent or guardian.
- You need to bring with you, flat shoes, cleats, tennis shoes, socks, sandals, sun block, water cooler, soap, shampoo, towel, sleeping bag or blanket and pillow.
- Check-out will be at 11:00 am on the following Saturday

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#### YOUR INFORMATION:

Day Numbers: \_\_\_\_\_ Father's Phone: \_\_\_\_\_ Mother's Phone \_\_\_\_\_  
Other Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Medical Insurance: Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_ Asthma \_\_\_ Diabetes \_\_\_  
Last Tetanus Shot or Booster: \_\_\_\_\_ (mm/yy)  
SPECIAL INFORMATION: \_\_\_\_\_

I, the parent or guardian, do hereby authorize the athletic trainer or coaches at International Soccer Camp to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he may deem necessary. It is understood that, in any event, an attempt will be made to contact the parent before treatment is initiated.

I also understand that neither the schools, the directors, nor anyone connected with the soccer camp will assume any responsibility for accidents sustained during, or as a result of, any course of instruction given the applicant by the camp staff.

\_\_\_\_ By checking here, you indicate that you have read and agree to the above terms and conditions.

SIGNATURE: \_\_\_\_\_