

2011 Peter Fewing Soccer Camp Mail-In Camp Registration

Please print or type information completely. For multiple applications, please copy this form.

Camper's Name: _____ Birthdate: ___ / ___ / ___ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Name: _____ Relation: _____ Emerg. Phone: (____) _____

Email: _____ Please check if you would like to receive your confirmation by email. Referring Friends Name: _____

Team Name/Coach (if registering for team rate) _____

Note: when 10 applications from your team have been received, the team discount will be applied to your application.

DAILY CAMPS (5-13 years) (AM session 9am-12pm; PM session 2pm-5pm)
A complete list of camp locations and directions are on the camp website.

1 camp \$145.00 2nd camp rate \$135.00

Same Family Rate -2nd child \$135.00

Same Family Rate-3rd child \$125.00

Team Rate (10+ players) \$135.00

Seattle, Greenlake, June27-July 1 -AM Redmond, July 25-29 -AM

Seattle, Greenlake, June27-July 1 -PM Snoqualmie, July 25-29 -AM

Magnolia, July 11-15 -AM Dahl Field, July 25-29 -PM

Shoreline, July 11-15 -AM Normandy Park, Aug. 1-5 -AM

Mercer Island, July 11-15 - 1-4PM Soundview, Aug. 1-5 -PM

Queen Anne Bowl, July 18-22 -AM Seattle, Greenlake, Aug. 8-12 -AM

Issaquah, July 18-22 -AM Seattle, Greenlake, Aug. 8-12 -PM

North Bend, July 18-22 -AM

Magnuson Park, July 18-22 -PM

Bellevue, July 18-22 -PM

THREE NIGHT RESIDENCE CAMP

1 child \$375.00 Same Family - 2nd child \$355.00 Team Rate (10+ players) \$355.00

FIVE NIGHT RESIDENCE CAMP

1 child \$575.00 Same Family - 2nd child \$555.00 Team Rate (10+ players) \$555.00

Jr. Advanced Camp Dates (9-12 yrs)	Advanced Camp Dates (13-17 yrs)	Roomate Request: 1st choice:
<input type="checkbox"/> Three Night Camp – July 5-8	<input type="checkbox"/> Three Night Camp – July 5-8	_____
<input type="checkbox"/> Three Night Camp – July 25-28	<input type="checkbox"/> Three Night Camp – July 25-28	Roomate Request: 2nd choice:
<input type="checkbox"/> Three Night Camp – August 17-20	<input type="checkbox"/> Three Night Camp – August 17-20	_____
<input type="checkbox"/> Five Night Camp – July 10-15	<input type="checkbox"/> Five Night Camp – July 10-15	<input type="checkbox"/> Goal Keeper <input type="checkbox"/> Field Player
<input type="checkbox"/> Five Night Camp – July 31 - August 5	<input type="checkbox"/> Five Night Camp – July 31 - August 5	

COACHES CLINIC (18 & older)

Saturday, TBA \$40.00 Saturday, TBA \$40.00

AUTHORIZATION AND HOLD HARMLESS: I, _____ (signature required) authorize all medical, surgical, and diagnostic procedures for my child as may be performed or prescribed by a treating physician until I can be notified. I further understand the risks and hazards associated with my child's participation in Peter Fewing Summer Soccer Camp, LLC, and certify that my child is physically fit to participate in all camp activities and that he/she is covered by health or accident insurance (required for camp attendance). In consideration of the instruction my child will receive regarding soccer, I agree to indemnify and hold harmless Peter Fewing Soccer Camp, LLC, and any of its subsidiaries, officers, agents, employees or representatives from any injuries, liabilities, claims, damages, costs or expenses incurred by me, my child, or on behalf of my child, arising from, or in connection with, my child's attendance and participation in any camp activity supervised by Peter Fewing Summer Soccer Camps, LLC. For such consideration, I further release all claims held by me and my spouse arising from my child's attendance and participation in any camp activity supervised by Peter Fewing Soccer Camps, LLC, and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries. Finally, I understand that the camp retains the right to use photographs or videos taken of participants for advertising and publicity purposes only. _____

Parents signature: _____ Date: / / _____

Chronic Medical Conditions (asthma, allergies): _____ Medications: _____

Medical Insurance (required): _____ Policy #: _____

Please send my friend a brochure: _____

Name: _____

Address: _____ City: _____

Payment Information

MAKE CHECKS PAYABLE TO: Peter Fewing Soccer Camp, LLC, or pay by VISA or MasterCard:

Name as it appears on card _____

MasterCard Visa Exp. date: ___ / ___
month / year

Amount to be charged \$ _____ If paying by check, amount enclosed \$ _____

Three easy ways to register:

 Register online: www.peterfewingsoccercamp.com

Register by fax (206) 782-5686

Register by mail

Mail to: Peter Fewing Soccer Camps, LLC • P.O. Box 70371, Seattle, WA 98127
 (206) 547-4143 • (888) 547-4143 • fax (206) 782-5686 email: peterfewing@peterfewingsoccercamp.com

State: _____ Zip: _____

How did you hear about the Peter Fewing Soccer Camps?

Attended camp last year Summer camp trade show

Web/Internet Yellow Pages

Coach Friend

Brochure

Advertisement, which one? _____

Other _____

Cancellation Policy

If you must cancel, please do so as early as possible in order for us to notify those on our wait list. To cancel:

- Email us at peterfewing@peterfewingsoccercamp.com or call the office at 206-547-4143. If you reach the answering machine, please leave a message including the camper's name, parent's name and telephone number.
- For cancellations 15 days prior or more to your camp session you will receive a refund less \$20 administration fee for each day camp and \$50 administration fee for each residence camp.
- For cancellations, for any reason, 14 days or fewer prior to your camp session, you will receive a gift certificate less a \$40 non-refundable deposit for day camp and less a \$100 non-refundable deposit for residence camp. The gift certificate can be used towards a future Peter Fewing Soccer Camp through the next calendar year.

Changing Sessions- There is no charge to change sessions or camp locations, however this is subject to space availability.

Leaving Camp Early- No refunds or credits will be given for no-shows or for leaving camp early for any reason.

For Official Use Only

Confirmation sent, Date _____ Email Mail Faxed