

LIGHTNING SOCCER APPLICATION 2010

[March/10]



[ONE APPLICATION FOR EACH WEEK OF CAMP ATTENDED. PHOTOCOPY IF NECESSARY]

NAME: _____ Age (on 8/1/10): _____ Grade (Fall 10): _____ Sex: M / F
 MAILING ADDRESS: _____ Home Phone: _____
 CITY: _____ STATE: _____ ZIP: _____ Emergency Phone: _____
 NAME OF PARENTS OR GUARDIAN: _____
 Email (write clearly to receive confirmation): _____
 School (Fall 10): _____ Level (circle): HS Jr HIGH ELEMENTARY
 Town/Club: _____ Level (circle one): YSA TOWN PREMIER
 ODP Level (if applicable): DISTRICT STATE POOL STATE TEAM HAVEN'T TRIED OUT
 T-Shirt Size (circle): YL AS AM AL AXL Position (circle one): GK Def Mid Fwd

LIGHTNING CAMP SCHEDULE 2010

Please include a deposit for every week you wish to attend. A deposit for 1 week does not cover multiple weeks. Check 'Camps at a Glance' on website or camp brochure for tuition fees.

DATES	SITE (circle site)	CAMP OPTIONS (check program)				
April Vacation Camp (SJr gr 1-5, Adv gr 5-10 present grade. Pay full fee)		SJr	Adv	Goalie		
April 19-23	Tufts University, 9 am-12 noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sunday June 13	Tufts University, 10 am-1:00 pm	Annual Goalkeeper Clinic			<input type="checkbox"/>	
Summer Day Camps (Soccer Jr gr 1-5, Advanced gr 5-12 by Fall)		SJr	Adv	Goalie	halfday 9-12	halfday 1-4
June 21-25	Wellesley College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 12-16	The Pingree School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 12-16	Tufts University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 19-23	Tufts University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 19-23	Shore Country Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 26-30	Shore Country Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 8-12	Curry College (*gr 6-8) & (gr 9-12)		<input type="checkbox"/>	<input type="checkbox"/>		
Elite & College Prep/Academy Overnight Camps		Field	Goalie	Roommate Request		
August 8-12	Curry College (*gr 6-8) & (gr 9-12)	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Check if you will have a car at the overnight camp: Check for Day Camper at overnight (8:45 am - 8:00 pm):

* Participants on Lightning Soccer Academy gr 6-8) must be a minimum of 11 years old at the time of camp and are separated from HS campers

PAYMENT Send application & non-refundable deposit to: Lightning Soccer, PO Box 405, Swampscott, MA 01907

Check payable to: Lightning Soccer Deposit: **\$100 for Day Camps, \$150 for Overnight Camps.** ONE DEPOSIT PER CAMP.

Payment by credit card: MasterCard / Visa CARD#: _____ EXP DATE: ___/___/___

NOTE: NO DEPOSITS BY CREDIT CARD PERMITTED - CREDIT CARD PAYMENTS WILL BE CHARGED THE FULL COST OF THE CAMP.

Early-Bird Discount (if received by April 26): **Two-Week Discount:** Please do not subtract discounts from the deposit.

Please include a deposit for every week you wish to attend. A deposit for one week does not cover multiple weeks.

I understand that the directors & coaches of Lightning Soccer NE Inc., or anyone associated with either the Pingree School, Tufts University, Shore Country Day, Curry College, Wellesley College or any other site used by Lightning Soccer NE Inc., its trustees, agents and officers, will not assume responsibility for accidents & medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me according to their best judgement in any emergency requiring medical attention. I will hold harmless Lightning Soccer NE Inc., The Pingree School, Tufts University, Shore Country Day, Curry College, Wellesley College or any other site used by Lightning Soccer NE Inc., its trustees, agents and officers of any and all liability actions, causes of action, claims & demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in any of its activities.

Parent or Guardian Signature Date: _____

Family Health Insurance Company & Policy #

(Required for ALL campers before accepted to camp.)

Fee: \$ _____	Camp Use Only	
Date: ___/___/___	Deposit: \$ _____	Check #: _____
Dis Type: _____	Dis Amt: \$ _____	Balance: \$ _____
Bal Pd: \$ _____	Ck/CC: _____	
Notes: _____		