

LIGHTNING SOCCER APPLICATION 2010

[Jan/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 one week does not cover multiple weeks. Check 'Camps at a Glance' on website or pg 2 camp brochure for tuition fees.

DATES

SITE (circle site)

CAMP OPTIONS (check program)

April Vacation Camp (gr 1-8, present grade at school) Note: Please pay full fee.

April 19-23 Tufts University, 9 am-12 noon

Soccer Jr

Advanced

Goalie

Annual Goalkeeper Clinic (gr 1-12)

Sun May 30 Tufts University, 10 am-1 pm

Goalie

Summer Day Camps (Soccer Jr gr 1-5, Advanced gr 5-12 by Fall)

July 12-16 The Pingree School

Soccer Jr

Advanced

Half-Day

Goalie

July 12-16 Tufts University

July 19-23 Tufts University

July 19-23 Shore Country Day

July 26-20 Shore Country Day

Elite & College Prep Overnight Camps

Field-Player

Goalie

Roommate Request

August 1-5 TBA (*gr 6-8) & (gr 9-12)

August 8-12 Curry College (gr 9-12)

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 53054, Medford, MA 02153-0054

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, 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, 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: _____	