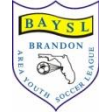




Summer Soccer Camp 2008



DATES: JUNE 9TH - JUNE 13TH (MONDAY-FRIDAY)
TIME: 8:30AM - 12:00PM (DROP OFF AS EARLY AS 7:30AM)
SITE: BAYSL, J.C. HANDLY SOCCER FIELD, 3104 S. KINGS AVE.
AGE: 7-12 YEARS OLD (RECREATIONAL PLAYERS)
COST: IF REGISTERING ON OR BEFORE MAY 17TH, \$125 PER PLAYER (\$10 DISCOUNT FOR SIBLINGS)
 IF REGISTERING AFTER MAY 17TH, \$140 PER PLAYER

WHAT TO BRING: SOCCER BALL, SHIN GUARDS, SOCCER SHOES AND WATER BOTTLE

REGISTER EARLY - SPACE IS LIMITED

To register, complete the form below and drop it off by the BAYSL office at 3104 S. Kings Avenue or mail to BAYSL, Attn: Summer Camp, PO Box 3322, Brandon, FL 33509.

PAYMENT MUST ACCOMPANY APPLICATION - MAKE CHECK PAYABLE TO BAYSL

Extra forms are available online at www.brandonsoccer.com

2008 SUMMER CAMP REGISTRATION FORM

MONDAY, JUNE 9TH - FRIDAY, JUNE 13TH

NAME: _____ SEX: M or F

DATE OF BIRTH: _____ (MM/DD/YYYY) AGE: _____

SHIRT SIZE: (circle one) YXS YS YM YL AS AM AL AXL

HOME PHONE: _____

E-MAIL: _____

FATHER'S NAME: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

I certify that my child is medically qualified to attend the Soccer Academy. I hereby authorize the staff to act for me in my absence according to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer emergency care. I waive and release Brandon Area Youth Soccer League and its representative(s) from liability for any injuries and illness incurred while at the Soccer Academy.

Parent/Guardian (print): _____ Signature: _____

For Office Use Only: Date Received _____ Payment _____