



ALL PRO SOCCER ACTIVITY CAMP 2017



DATES AVAILABLE:

Week of June 19th & 26th and Week of July 10th
MONDAY THRU THURSDAY FROM 9AM-4PM
AGES 10 - 14

Want your little cherubs to have something to do this summer, then All Pro is pleased to announce that we will be offering a 4 day camp that will offer a wide variety of sports and activities. The camp will take place outside and inside. All Pro is the perfect place to keep your child entertained, energized and away from the TV and cell phones!! As always spots are limited so please contact us to reserve your spot!!

CAPTURE THE FLAG DODGE BALL FLAG FOOTBALL
SOCCER TUG OF WAR FRISBEE FACE PAINTING
VOLLEYBALL WHIFFLE BALL NERF FUN ARCADE

The cost of the camp in ONLY \$195 for 4 days so we will need a minimum of 20 campers so tell your friends and we look forward to seeing you here at All Pro for a fantastic experience.

ALL CAMPERS WILL BRING THEIR OWN LUNCH

ACTIVITY CAMP

REGISTRATION FORM

Week of June 19th & 26th and Week of July 10th

Last Name: _____ First Name: _____ MI: _____

Address: _____

(please circle)
Week of: June 19th June 26th July 10th

Phone: _____ DOB: ___/___/___ Male/Female (circle)

Is your child a Soccer Club Player **YES/NO**: _____ please indicate age Group & Club: **U** _____

Mother's/Guardian Name: _____ Phone: _____

Father's/Guardian Name: _____ Phone: _____

Email Address: _____

List any medical problems/conditions or Prohibitions: _____

Person to notify in an emergency: _____ Phone: _____

Due to the nature of this camp the numbers are extremely limited; therefore, you are encouraged to sign up now to avoid disappointment.

(Please ensure that your child is suitably attired for the camps ie cleats, shin guards, shower proof top or change of top if rains, water & sunscreen. Also no jewelry may be worn during sessions and no gum or candy to be eaten whilst participating in the activities.

Also, if your child has a medical condition, we must be informed at the time of registration and informed of steps to take (in writing).

Please note a 50% non-refundable deposit is required to secure your space on the camp.

IMPORTANT:

Unless this form is completed in full on the first day of camp, your child will not be able to participate in the Activity Camp.

(parent/legal guardian), grant permission for my child to participate in the Activity Camp. I understand that the program is physically demanding and certify that my child is fully physically fit to participate. I hereby agree to save and hold harmless the All Pro Soccer & Sports Club LLC (APSSC), its staff, including coaches and each of its officers and Directors (the persons and entities released hereinafter being referred to individually and collectively as the All Pro Soccer & Sports Club LLC), against loss or damage for injury, illness or other conditions arising from my child's participation in the Soccer Program, and hereby release, waive and forever discharge the APSSC from any and all claims which may be made by, or on behalf of the participant in the Soccer Program

Parent/legal Guardian (please print): _____

Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of parent/legal guardian: _____

Send this part of registration & \$195 fee

to "All Pro Soccer & Sports", 161 West River Rd Waterville Maine 04901. Email: office@allprosportscenter.com

ALL CAMPERS TO BRING THEIR OWN LUNCH