

ASPIRE SOCCER CAMP REGISTRATION FORM

Name: _____ Age: _____ Gender: _____

Address: _____

City/ State/ Zip: _____

Parent Guardian: _____ Email Address: _____

Cell Number: _____ Work Phone: _____

Medical Conditions/ Medications: _____

How did you hear about us? _____

T-SHIRT SIZE (circle one)

SIZES RUN SMALL

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

PLEASE CIRCLE THE SESSION(S) YOU WISH TO ATTEND:

June 17 - June 21

June 24 - June 28

July 8 - July 12

July 15 - July 19

PRICE: \$175 per week

AVAILABLE CAMP DISCOUNTS: (circle one)

1. Group of 5 - \$150 per camper (\$125 in savings)

List all campers in group:

1. _____

4. _____

2. _____

5. _____

3. _____

2. Full Summer Package/All 4 weeks - \$600 (\$100 in savings)

TOTAL AMOUNT DUE: _____

CHECK #: _____

Please mail registration form with payment to:

Henry Apaloo - 11300 NE 2nd Ave, Miami, FL 33161

All checks payable to Aspire International LLC.

SOCCER CAMP WAIVER AND RELEASE

I hereby give approval for participation of my child in any and all the Soccer Camp at Barry University activities and I assume all risks and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the Soccer Camp at Barry University and affiliated associations, organizers, supervisors, officers, coaches, directors, participants and persons or parents supervising or transporting participants to or from such activity from any claims arising out of injury to my child. I also hereby give permission for the Soccer Camp at Barry University to use, without limitation or obligation, photographs, video, or tape recordings which may include the member's image or voice for purposes of promoting or interpreting the Soccer Camp at Barry University.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____