Soccer Vision Academy

PO BOX 3273
JOHNSON CITY, TN 37602

Send completed form and check made out to ETSF to reserve your space

Academy Dates: 23-27 June 2008 Application Deadline: 09 June 2008

Academy Fee: $150 per player (ETSF Club Discount Applies)

Application

Email

Name

Home Phone

Address

City

State

Zip

Grade (as of 8/1/07)

Age

Birthdate (M/D/Y)

Sex (M/F)

Is your team attending camp? Y N

If YES, the name of your team is

Circle one: Field Player Goalkeeper

T-shirt Size (circle one): YS YM YL AS AM AL AXL

Parental Consent

All areas of this form **must be completed and signed** by Parent/Guardian

Camper Name

Birthdate (M/D/Y)

Parent/Guardian Name

Relationship

Allergic Reactions? N Y if yes, list:

Taking Medication NOW? N Y if yes, list:

Contact In Case of Emergency

Father's Name

Father's Home Phone

Father's Work Phone

Other Phone

Mother's Name

Mother's Home Phone

Mother's Work Phone

Other Phone

All Campers must have their own medical coverage. The Camp provides only excess accident coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent/guardian of the camper.

Camper's Insurance Company

Policy Holder

Policy #

SOCCER VISION ACADEMY Release Statement

I, the undersigned, as parent/ guardian of this minor child, release and discharge any of the designated officials of the *SOCCER VISION ACADEMY,* The East Tennessee Soccer Federation, Inc., and The City of Johnson City from any and all liability, claims, or demands arising from these minors participating in the *SOCCER VISION ACADEMY*, specifically to include any and all claims for personal injuries sustained while present or participating in said camp.

Parent/Guardian Signature

Date