

2019 CAPE COD SOCCER ACADEMY, Inc.

PARENTAL CONSENT FORM

I, the undersigned, hereby acknowledge and understand that the CAPE COD SOCCER ACADEMY is an independently owned sports camp and is not operated by or through Upper Cape Cod Technical High School in Bourne, Massachusetts.

I hereby authorize the staff of CAPE COD SOCCER ACADEMY to act for me according to their best judgement in any emergencies requiring medical attention and I hereby waiver and release the CAPE COD SOCCER ACADEMY, its coaches, staff, director and athletic trainer from any and all liability for any injuries or illnesses incurred while at camp.

I have no knowledge of any physical impairment that would be affected by the camper name herein's participation in the camp program.

I also understand that the CAPE COD SOCCER ACADEMY provides only excess insurance coverage after my insurance policy has been utilized entirely.

All photographs taken at the camp may be used in future printed and electronic promotional sites.

The full amount of **\$205** is required with each completed enrollment form. Mailing the enrollment form only, does not constitute as acceptance. **PLEASE INCLUDE A COPY OF YOUR CHILD'S MOST UPDATED PHYSICAL FORM AND A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS along with the enrollment/parental consent form.** Accepted applicants will be sent a confirmation e-mail.

Insurance Provider: _____

Policy Number: _____

Signature: _____

Print Name: _____

Date: _____

Refund Policy: *If your child is not going to attend camp and if you give at least 14 days notice prior to the start of the academy, you will have your payment refunded, minus \$50, for a service fee.*

Boys & Girls Soccer Camp 3rd Grade -- 10th Grade

ENROLLMENT FORM

Camper's Name: _____

Street: _____

Town/City: _____

State: _____ Zip Code: _____

Home Phone: _____

Emergency/Cell: _____

Parent's E-Mail (required) _____

Date of Birth: _____

Age at First Day of Camp: _____

Grade Entering August/September 2019: _____

Parent's Name: _____

Please Circle:

Field Player **Goalkeeper** (full-time or part-time; please circle one)

Boy **Girl**

T-Shirt Sizes: Youth S M L or Adult S M L

Parent's Signature

Date

July 15 – July 19, 2019 9:00 a.m. – 3:30 p.m.

\$205 (no partial deposit will be accepted)

please make check payable to: CAPE COD SOCCER ACADEMY

mail all required forms to:

Cape Cod Soccer Academy, Inc.

Post Office Box 973

Forestdale, MA 02644