



Metros Soccer Academy

106 Fairfield Court, Chapel Hill, N.C. 27516-7702
Tel: (919) 929-1994 Email: Gerry@MSAsoccer.net

2010 SUMMER Camp Series



APPLICATION:

'For the Technically Minded Player'

Camp Fee: \$170.00 per camper (per week):

Week I (check this box) **Durham Camp** Dates: June 21-25 / Monday-Friday 8:00 am - 12:00 pm
Location: Woodcroft Soccer Complex

Week II (check this box) **Chapel Hill Camp** Dates: July 12-16 / Monday-Friday 8:00 am - 12:00 pm
Location: Chapel Hill High School

Please enclose full payment with application. **Make Checks Payable To: Metros Soccer Academy**

Return application to: Metros Soccer Academy - 106 Fairfield Court - Chapel Hill, N.C. 27516-7702

Camper's Name: _____ Age ____ DOB _____ Male Female
 Address: _____ City _____ State _____ Zip _____
 Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____
 Primary Email (please print): _____ Email Address: _____
T-Shirt Size: Y/S ____ Y/M ____ Y/L ____ A/S ____ A/M ____ A/L ____ **Previous Camper:** Yes No
Players Position: Field Player Goalkeeper **Level of Player:** Recreational Challenge Classic

(If you need to purchase a ball, let us know: **Camper's Ball Sizes:** Ages 8-12 size 4 / Ages 13-15 size 5)

******* INSURANCE INFORMATION MUST BE COMPLETED BY ALL APPLICANTS! *******

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper.

Camper's Insurance Company: _____ Policy Holder: _____

Signature: _____ Policy Number: _____ Date: _____

Doctor/Parent/Guardian Permission: This will certify that the camper is physically qualified to attend the Camp listed in the application. Should there be any medical conditions, you must bring them to the attention of the MSA Staff.

AGREEMENT TO PARTICIPATE

In consideration of being allowed to participate in the MSA program, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for paralysis and death, and while particular rules, and personal discipline may reduce this risk, the risk of serious injuries does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS MSA, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. FOR PARTICIPANTS OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in those programs as provided above, EVEN IF ARISING FROM THEIR OWN NEGLIGENCE.

Parent/Guardian's Signature _____ Emergency Phone #: _____