

FRAN O'LEARY SOCCER CAMPS

Please fill out and return to:
Bowdoin College – Athletics, 9000 College Station, Brunswick, ME 04011

Camp Application

Please check the appropriate box below to indicate the camp session(s) you wish to attend. Include \$50 deposit to reserve space for day camps, \$150 deposit for residential.

RESIDENTIAL CAMPS (July 27-31)

JUNIOR: Grades 6-9 ELITE: Grades 10-12
Cost: \$575

RESIDENTIAL - COMMUTER

ELITE JUNIOR
Cost: \$475

DAY CAMPS (July 14-18)

FULL-DAY BOYS: Grades 5-10
 FULL-DAY GIRLS: Grades 5-6
(9AM-3PM) COST: \$250

DAY CAMPS (July 14-18)

HALF-DAY CO-ED (Grades K-4)
(9AM-12PM) COST: \$160

Bring your team and receive a discount for each player (Minimum of 7 players to receive group discount of \$25 per player for Day Camps and \$50 per player for Residential Camps).

___ I wish to purchase a camp ball at registration for \$25 (**Please be sure to include payment with registration**).

- **MAKE ALL CHECKS PAYABLE TO: FRAN O'LEARY SOCCER CAMPS**
- **ONLY ONE CAMP MEMBER PER APPLICATION – PHOTOCOPIES ACCEPTABLE.**
- **APPLICATIONS WILL NOT BE ACCEPTED VIA FAX OR PHONE.**

Name: _____ M/F: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____

E-Mail: _____

Telephone #: _____ DOB: ___/___/___ Age: _____

Grade Fall 2008: ___ T-Shirt Size: YM YL AS AM AL AXL

School: _____ Coach: _____ Tel#: _____

Club: _____ Coach: _____ Tel#: _____

ODP Team: _____ Age Group: _____ Coach: _____

Preferred Position: Defender Midfielder Forward GK

For Camp Use Only

Received: _____

Deposit: _____

Check #: _____

Received: _____

Payment: _____

Check #: _____

Parent's/Guardian's Acknowledgement: I verify that my child has been checked by a licensed physician prior to coming to Fran O'Leary Soccer Camps and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending the Fran O'Leary Soccer Camps. In addition, I assume all risks resulting from the participation in this sports camp, will hold harmless Fran O'Leary Soccer Camps Inc. of any and all liability actions, causes of action, claims, and demands of every kind and nature whatsoever that may arise in connection with or resulting from participating in any of its activities.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Co.: _____ Policy Number: _____