



Smart Soccer International Inc.

www.SmartSoccer.com

22 Years of Summer Soccer Camps!



**2009 Lenape Valley Soccer Club – Soccer Camp Application**

**July 20-24 – North Branch Park, New Britain Twp. A 20 year soccer camp partnership!**

**Camp Programs: Smart Start for ages 3, 4 & 5 and Smart Player for ages 6-14. Please note this is an evening camp.**

**Please note, that on the application, we must have a current e-mail address in order to forward your camp confirmation and other pertinent details.**

**ENCLOSE THE FULL FEE PAYABLE TO: "SMART SOCCER"  
Please mail to: Smart Soccer Camp • PO Box 144 • Warrington, PA 18976**

The below per camper fees include a T-shirt and end of camp award.

**If we can accept walk-on campers, there will be an additional \$10.00 fee. Cash payments only for walk-on campers.**

We suggest that prior to submitting your form and fee, please visit: [www.smartsoccer.com/programs/general-information.htm](http://www.smartsoccer.com/programs/general-information.htm).



**Please detach the camp application and retain the upper portion for your records.**



**2009 LVSC Smart Soccer Camp Application (Evening Camp)**

The full camp fee must be enclosed with this application. **Bring your own ball** unless you choose to purchase one (see below).

Check the appropriate box: **July 20-24**     5:30-6:45 (\$95 ages 3, 4 & 5)     5:30-8:00 (\$135 ages 6-14)  
 5:30-6:45 (\$105 *with ball\**-ages 3, 4 & 5)     5:30-8:00 (\$145 *with ball\**-ages 6-14)

\*While supplies last

**Travel Team Coaches:** contact [smartsoccer@msn.com](mailto:smartsoccer@msn.com) for details on our travel team camps!

**CAMPER INFORMATION** Complete one application per child.

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: (Circle) M / F

Home Address: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_

Medical Company and ID # \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (E) \_\_\_\_\_

I, the below signed, as official parent/guardian of the above camper, certify my child to be in good health and give my permission for their participation in this club sponsored 'Smart Soccer' camp. I authorize all emergency and medical treatment which may be needed in the event of any injury. I also understand that insurance coverage is my own responsibility through my individual or family plan described above. I understand the camp fee includes a \$50.00 non-refundable deposit and the full camp fee is non-refundable once the camp begins. I further understand there is a minimum \$25.00 fee for returned checks. I have read, and understand, the camp policies that can be viewed on the web at [www.SmartSoccer.com](http://www.SmartSoccer.com). I agree to defend, indemnify and hold harmless Smart Soccer International Inc., its owner and employees and the host club, organization and township in the event of injury to my child. I have no objection to the use of camp photographs in promotional material.

Parent/Guardian (Print) \_\_\_\_\_ Parent/Guardian (Sign) \_\_\_\_\_

Office Use Only  
Check Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_