PLAYERS NAME:	SEX:	DOB: / /
PARENT/GUARDIAN NAME:		
ADDRESS:		
CITY	STATE:	ZIP:
HOME PHONE # ( )	EMERGENCY PHONE # ( )	
EMAIL ADDRESS:		
SOCCER ORGANIZATION/TEAM:		

CAMP DATE:	LOCATION:	
Individual ☐	Goalkeeper ☐	Team ☐
Full Day (8am - 4pm) ☐	Extended Day (8am - 8pm) ☐	Overnight ☐
Roommate Request (Overnight Program):		
PREMIER PROGRAM (9-12yrs) Level 1 ☐ Level 2 ☐	CHAMPION PROGRAM (13-18yrs) Level 3 ☐ Level 4 ☐	
T-SHIRT SIZE: AS (34-36) ☐ AM (38-40) ☐ AL (42-44) ☐ AXL (46-48) ☐ SOCCER BALL: Size 4 ☐ Size 5 ☐		

Program Cost $_____

Discount (No refunds will be given for discounts not taken at time of registration) $_____

TOTAL COST: **$_____**

Amount Paid (Minimum deposit of $100 required) $_____

BALANCE OWED: **$_____**

☐ Cash ☐ Check #_____ ☐ Visa ☐ MasterCard ☐ Discover

Credit Card #

Expiration Date _____ Cardholders Signature

I certify that my child enrolled above is in excellent health and my participate in strenuous physical actives, including soccer. I agree to defend and hold UK International Soccer Camps, Inc., it's servants, contractors, agents and/or employees harmless from any and all claims for injuries sustained by my child during his/her participation in the camp. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there is no limits to my child's participation, except as stated in writing and included with this application. Permission is hereby granted to UK International Soccer Camps, Inc., to use pictures and any video footage of the campers in any promotional materials without compensation to my child.

Refunds will be given at the discretion of UK International Soccer Camps, Inc., depending on the nature of the situation. Children who leave during the program due to injury or illness will receive a pro rata refund. A $25 administration fee will be charged on all refunds. If desired, a credit voucher is available in place of a refund. Deposits are nonrefundable. Children are enrolled on a first come, first served basis. We cannot guarantee enrollment any later than 5 days prior to camp. Should inclement weather affect the program, any lost hours will be made up later in the camp week. If this is not possible, refunds will not be issued.

Parent/Guardian Signature: _____

Date: _____