

Residential Academy Application Form



Complete this application in full.

Send it with a \$100 deposit or full payment (check made payable to UK International) to UK International Soccer Camps, Inc. PO Box 1838, Redlands, CA 92373. Alternatively payment and registration can be made online at www.uksocca.com

Players Name: _____ Birth Date: _____ Age: _____

Parent/Guardian Name: _____ Player's Gender: M F (Circle)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (H) _____ (C) _____

Organization/Team: _____ Years of playing experience: _____

Date of program attending: _____ Location: _____

Check the appropriate boxes:

Individual Team Goalkeeper
 Day Extended Day Overnight

Roomate Request If Overnight: _____

Shirt Size AS AM AL AXL

Payment:

Cash Check (CK#.....)
 Visa Mastercard Discover

Credit Card #

Expiration Date (Month/Year): /

Signature:

Program Cost \$
 Discount \$
Total Cost \$
 Amount Paid \$
 Balance Owed \$

FOR OFFICE USE ONLY	DATE <input type="text"/>	AMOUNT <input type="text"/>	AUTH# <input type="text"/>
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I certify that my child enrolled above is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold UK International Soccer Camps, its servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participation in the camp. Permission is hereby granted to UK International Soccer Camps to use photograph and any video footage of the player in any promotional materials, plus all mailing and emailing addressess for any communication and/or programs. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application.

Signature: Date: