



Lyme Parks & Recreation

APPLICATION FORM

Complete this application in full. Alternatively payment and registration can be made online at www.uksoccer.com

PLAYERS DETAILS

Player 1 Name: Birth Date: Gender: M F (Circle)
 Player 2 Name: Birth Date: Gender: M F (Circle)
 Parent/Guardian Name: Email:
 Address: City:
 State: Zip: Medical Info/Allergies:
 Phone: (H) (C)

CAMP DETAILS

Name of Hosting Organization: Camp Code: Date of Camp:
 Camp Location: Session Time: Session Price: \$
 Session Time: Session Price: \$

CAMP ACCESSORIES

Soccer Ball (\$15 if not included in camp): Size 3 (4-7yrs) Size 4 (8-11yrs) Size 5 (12+yrs) \$
 Shinguards (\$10): XS (4-7yrs) S (8-10yrs) M (11-13yrs) L (14+yrs) \$
 Waterbottle (\$5): \$
 Clinic (\$30): Goalkeeper (8+ yrs) OR Striker (8+ yrs) OR Activity Fun Zone (4-7yrs) \$
 Family Discount (Deduct \$5 for each additional sibling from your total) \$
Add \$10 Admin fee if registering less than 10 days prior to camp \$
TOTAL AMOUNT ENCLOSED \$

PAYMENT

Cash Check (CK#.....)
 Visa Mastercard Discover
 Credit Card #
 Expiration Date (Month/Year): / Sec Code:
 Signature:

I am interested in hosting a UK International Coach and receiving a FREE week long half day scholarship

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. I hereby authorize UK International Soccer Camps' staff to administer an EpiPen to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, and hold harmless UK International Soccer Camps and any of its staff or agents from lawsuit, claim, expense, demand, or action against them for administering the EpiPen provided they administer the EpiPen prescribed specifically for my child. I am aware that the injection will probably be administered by a trained staff member or volunteer who is not a healthcare professional. I have read the Allergy Information and EpiPen Administration Policies and Procedures and agree to provide EpiPens as required. I understand that 911 will always be called when an EpiPen is administered to my child. 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 addresses 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.

REFUNDS No refund for cancellation within 14 days of the camp start date. Children who leave during the program due to injury or illness will receive a prorated refund, assuming doctors verification is provided. **A \$25 Admin fee will be required on any refunds.** Should inclement weather or acts of God 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. Camp equipment can not be guaranteed for players who register less than 10 days prior to the camp. Any promotional offers are only valid during specified dates. All purchases or transactions prior to or after a promotional offer can not be exchanged for retroactive benefit.

PARENT/GUARDIAN Signature: Date: