



ONE on ONE Soccer®
2010
DAY CAMP REGISTRATION FORM

PLAYER INFORMATION

Full Name:

Address:

City:

State:

Zip:

Player Email:

Parent Email:

Home Phone Number:

Emergency Contact:

Emergency Phone Number:

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Gender: (please choose)

Age:

Birthdate:

Male Female

PROGRAM SELECTION

I am a: (please choose)

New Player Returning Player

Training Program: (please choose)

ToTs Program Skills Program Goalkeeper Program

Program Location/Date: (please choose)

June 28-July 2, 2010 – Franklin & Marshall College
ToTs \$38.99 (ages 4-6), Skills \$92.99 (ages 7-12), GK \$92.99 (ages 7-12)

July 5-9, 2010 – Franklin & Marshall College
ToTs \$38.99 (ages 4-6), Skills \$92.99 (ages 7-12), GK \$92.99 (ages 7-12)

July 19-23, 2010 – Franklin & Marshall College
ToTs \$38.99 (ages 4-6), Skills \$92.99 (ages 7-12), GK \$92.99 (ages 7-12)

ADD-ON SELECTIONS

ADD-ONS:

T-shirt Size: (please choose)

Ball Size:

T-Shirt: \$8.00 Yes No Soccer Ball: \$15 Yes No YL S M L XL 3 4 5

PAYMENT INFORMATION

Select Card: (please choose)

Credit Card Number: (ex. 0000-0000-0000-0000)

Expiration Date:

Visa Mastercard

Name on Card:

Amount to be charged:

Tuition: _____ + Add-Ons _____ = Total _____

Sending check payment (check here)

MEDICAL WAIVER

In the event that medical attention is required, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and I cannot be reached, I give my permission for any care determined necessary by the ONE on ONE Soccer staff. I hereby authorize the staff of ONE on ONE Soccer to act for me according to their best judgment in any emergency requiring medical attention to the individual named above. I hereby waive and release ONE on ONE Soccer and its staff as well as Franklin & Marshall College facilities/staff for any and all liability for any physical injuries or illness occurring at camp. I have no knowledge of any impairment that would be affected by the above named individual participating in the camp program as outlined in the brochure. My signature on this waiver also states that the above named individual is covered by my personal medical insurance policy.

Signature of Parent/Guardian

Print Name

Date

SEND TO:

Please send registration form and check payment (if applies) to our office at:
ONE on ONE Soccer®, 786 Sylvan Road, Lancaster, PA 17601 Questions? Call us at: (717)581-3462