



2009 Soccer Application

June 8 – 12

For more information call (620) 241-0723 ext.333

Please complete all sections on both the front and back of this application.

One application per family.

You are welcome to make copies of this application. ≡ ≡ ≡

Parent Information

Name of Parent or Legal guardian _____

Address _____ City _____ State _____ Zip _____

Emergency Phone (____) _____ Home Phone (____) _____

Tell us how you heard about Victory

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Club Coach | <input type="checkbox"/> HS Coach |
| <input type="checkbox"/> Web page | <input type="checkbox"/> Previously Attended | <input type="checkbox"/> Church |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> College Coach | <input type="checkbox"/> Event |
| <input type="checkbox"/> Information Letter | <input type="checkbox"/> Other _____ | |

Medical Information and Release

Medical Release Statement:

In case I/we cannot be reached during an emergency, I/we the undersigned give permission for the above children to be treated by a licensed physician to administer whatever care is necessary, including anesthesia, for the child=s safety and care.

Signed: _____ Date: _____
(Parent or Legal guardian)

Please note any medical allergies, medical problems, medications being taken, or other medical information:

HS Premier & Select Camp Information on back side ≡

Payment information on back side ≡

Camper's Name(s)	Date of Birth	Age	Grade in Fall of 2009	Male or Female	Type of Camp (Half day is for ages 7-9)	Field or Keeper Camp	Soccer Experience (circle all that apply)	T-Shirt Size* (circle one)
1)	/ / 19			M F	Half Day Full Day Sleep Over	F GK	None / 1-2 yrs / 3-5 yrs / 6 or more Recreational Club HS ODP	Child M L Adult S M L XL
2)	/ / 19			M F	Half Day Full Day Sleep Over	F GK	None / 1-2 yrs / 3-5 yrs / 6 or more Recreational Club HS ODP	Child M L Adult S M L XL
3)	/ / 19			M F	Half Day Full Day Sleep Over	F GK	None / 1-2 yrs / 3-5 yrs / 6 or more Recreational Club HS ODP	Child M L Adult S M L XL
4)	/ / 19			M F	Half Day Full Day Sleep Over	F GK	None / 1-2 yrs / 3-5 yrs / 6 or more Recreational Club HS ODP	Child M L Adult S M L XL

* Child sizes are as follows: Medium 10-12 Large 14-16

Premier & Select Divisions - High School Campers Only

Please list any soccer experience, awards and honors:

Payment Information

2 Day Camp

\$60 (deposit included)

This is for 7-9 year old campers.

8:30am-12:00pm

Full Day Camp

\$120 (deposit included)

This is for 10-18 year old campers. Each player should bring a lunch from home. Refrigeration is available. We will be selling drinks at lunch and at the end of each day. **8:30am - 4:30pm**

Sleep-over Camp (HS age only)

\$240 (deposit included)

The sleep-over price includes the cost of meals, housing, and evening activities for the week. Breakfast, lunch, and dinner will be provided from lunch on Monday to lunch on Friday. We suggest that you bring extra spending money for snacks. Laundry facilities are available in the dorm.

Team Discount Information (\$20)

Name of team:

Teammates attending Victory

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Deposit Due with Application

A \$20 non-refundable deposit per camper must accompany this application with the balance to be paid on or before the first day of camp. Please make checks payable to Victory Soccer Camp.

Please send information about Victory to my friend

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: ___ Zip: _____

City: _____ State: ___ Zip: _____

Phone: _____

Phone: _____

For more information contact Mike Reimer at:

(620) 241-0723 ext.333 or miker@centralchristian.edu

For office use only:

Complete and return this application to:

**Victory Soccer Camp
PO Box 1403
1200 S Main
McPherson, KS 67460**