

2017 ROCKY MOUNTAIN SOCCER CAMP APPLICATION

NAME _____ AGE (As of Camp Date) _____ M/F _____ BIRTHDAY ____/____/____ TEAM/DIVISION _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____ E-MAIL _____
 ROOMMATE PREFERENCE #1 _____ #2 _____ #3 _____ #4 _____

2017 SUMMER CAMPS – BOYS AND GIRLS

X	GK	TYPE	DATE	CAMP and LOCATION	TIME	AGES	COST	MAX #
		DAY	June 26-30	COMPLETE PLAYER & GK DAY CAMP - Kickers Clubhouse – Golden, CO	9 am – 2 pm	9-14	\$225.00	72 Campers
		MINI	June 26-30	GOLDEN MINI CAMP – Denver Kickers Clubhouse – Golden, CO	5:30 pm – 7:30 pm	5-14	\$89.00	120 Campers
		LIVE-IN	July 10-13	HIGH SCHOOL SOCCER CAMP – Elevation Training Center - Victor, CO	1pm Mon-1pm Thu	14-17	\$449.00	36 Campers
		LIVE-IN	July 17-20	ADVANCED CAMP #1 – Elevation Training Center - Victor, CO	1pm Mon-1pm Thu	10-15	\$449.00	36 Campers
		LIVE-IN	July 24-27	ADVANCED CAMP #2 - Elevation Training Center - Victor, CO	1pm Mon-1pm Thu	10-15	\$449.00	36 Campers

CHECK AMOUNT ENCLOSED

NONREFUNDABLE MINI CAMP FULL PAYMENT: \$ 89.00 ____ **DAY CAMP DEPOSIT:** \$150.00 ____ **GOLDEN DAY CAMP FULL PAYMENT:** \$225.00 ____
LIVE-IN CAMP DEPOSIT: \$ 200.00 ____ **LIVE-IN CAMP FULL PAYMENT:** \$449.00 ____
 LIVE-IN CAMPERS must have a current record of a PHYSICAL EXAMINATION completed by an M.D. (within 24 months of camp date) on file in the RMSC office.
 Please send a copy along with this application if it is available to you. Forms will be sent to you if records are not received with this application.

RELEASE FORM

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and is physically able to participate in said activity. I hereby agree to unconditionally waive and release the ROCKY MOUNTAIN SOCCER CAMPS, INC., their officers, employees, agents, servants and all representatives and sponsors from any injury that my child may sustain or any damage that may be caused to my child's property in connection with any ROCKY MOUNTAIN SOCCER CAMPS, INC. activity. I also agree to indemnify and forever hold harmless the ROCKY MOUNTAIN SOCCER CAMPS, INC. for any claims arising out of injury or death to my child, other than gross negligence or willful misconduct of the ROCKY MOUNTAIN SOCCER CAMPS, INC. I also authorize and consent to any emergency X-ray examination, medical diagnosis or treatment and hospital care and on the advice of any physician licensed to practice in the state of Colorado or in the United States of America.

I, furthermore, hereby give my permission to the ROCKY MOUNTAIN SOCCER CAMPS, INC. to use my child's name, likeness, image and photograph for any camp promotional or advertising purposes including, but not limited to, brochures, flyers, internet web sites, and videos.

Parent or guardian signed will be contacted and will be responsible for the health insurance of their child.

Parent/Guardian Signature _____

Please indicate any known ALLERGIES, DISABILITIES, or MEDICAL PROBLEMS: _____

INSURANCE COMPANY _____ PHONE _____ POLICY or GROUP NUMBER _____
 PARENT/GUARDIAN _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____
 EMERGENCY CONTACT _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____

MAIL IN PAYMENT accepted by Check or Money Order made out to RMSC. NO CREDIT CARDS!
MAIL APPLICATION and PAYMENT TO: Rocky Mountain Soccer Camps, Inc. P.O. BOX 47 Victor, CO 80860

(For Office Use Only)

CHECK #1	DATE RECEIVED	NAME	AMOUNT \$	BALANCE \$
CHECK #2	DATE RECEIVED	NAME	AMOUNT \$	BALANCE \$