

2008 Stanford Soccer Academy Youth Day Camp

(All fields with a * by them are mandatory)

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

*DOB _____ *Age _____ *Gender _____

*Grade Fall '08 _____ Returning Camper? Y or N

*Parent/Guardian _____

*Phone (H) _____ (W) _____

*E-Mail _____


(Email will be used as our primary means of communication)

T-Shirt Size – YS YM YL YXL AS AM

Waiver Statements

Medical Coverage

All campers must have their own medical coverage. The Camp provides only supplemental coverage after your insurance policy has been utilized. Campers will not be allowed to play unless this form, a medical form, and a copy of the insurance card are submitted and the form must be signed by the parent or guardian of the camper. A medical form and camp information packet can be downloaded in PDF format at www.stanfordsoccer.com.

 In order to complete the campers registration, we must receive a CLEAR photocopy of his/her medical insurance card (front & back)!

Statement of Disclaimer

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission to the staff of the Camp to seek, during the period of the Camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, hereby acknowledge and understand that the Stanford Soccer Academy is a privately operated sports camp, and is not operated by or through Stanford University. The camp is neither sponsored, controlled, nor supervised by Stanford University, but rather is under the sole sponsorship, control, and supervision of the Stanford Soccer Academy. I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge The Stanford Soccer Academy and Stanford University and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Camp activities or while at Camp.

Signature (Parent or Guardian) Date

Stanford Soccer Academy

 Check ALL that apply (one form per camper)

Girl's Academy

June 16 – June 20 _____

July 21 – July 25 _____

___ Level I (grades 1 – 2*)

___ Level II (grades 3 – 5*)

Boy's Academy

June 16 – June 20 _____

July 21 – July 25 _____

___ Level I (grades 1 – 2*)

___ Level II (grades 3 – 5*)

* in Fall of '08

Cost: \$225 by April 1, 2008

\$250 after April 1, 2008

FULL payment is due with registration

Cash reimbursements less \$125.00 administrative fee will be allowed until May 15, 2007. After that date, no cash reimbursements will be granted, only vouchers for our 2009 summer camps for the amount paid less the \$125.00 non-refundable deposit. See our FAQ's on our website (www.stanfordsoccer.com) for more information pertaining to cancellations.

One check per form. Please make checks payable to:

***Stanford Women's Soccer Academy or
Stanford Men's Soccer Academy***

**Return to: Stanford Soccer Academy
Administrative Office
P.O. Box 10430
San Jose, CA 95157-0430**

Official Use Only _____ Check # _____
Payment Received: _____ Date _____

**Questions? Email camps@stanfordsoccer.com
or call (408) 261-1982**