



2009  
 RALPH LUNDY SOCCER ACADEMY  
 3134 BALL COURT  
 MT. PLEASANT, SC 29466-8008

**PLEASE COMPLETE ALL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Grade \_\_\_\_\_ Age: \_\_\_\_\_ Birthday (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex:  Male  Female Please indicate:  Field Player  Goalkeeper

**Day Camp • College of Charleston Soccer Complex • Mount Pleasant, SC**

- July 13-16 Ages 5-14 Half Day (9AM-12PM)  \$150
- July 13-16 Ages 5-14 Full Day (9AM-3PM)  \$210

**• Payment by credit card or personal check**

VISA  MasterCard  
 Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_  
 Name on Card \_\_\_\_\_ CVV # \_\_\_\_\_

• Please make checks payable to: **Ralph Lundy Soccer Academy**

**Parental Consent Form**

Allergic Reactions (drugs, food, asthma. . .)  YES  NO If yes, list: \_\_\_\_\_

Taking any medication at this time?  YES  NO If yes, list: \_\_\_\_\_

Special Needs?  YES  NO If yes, list: \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

All campers must have their own medical coverage. The Camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.

CAMPER'S INSURANCE CO. \_\_\_\_\_ Group # \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_

**• RALPH LUNDY SOCCER ACADEMY RELEASE STATEMENT •**

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the camper. I/We hereby give permission for the staff of the Camp to seek 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/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Ralph Lundy Soccer Academy and it staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at Camp, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 DATE