



2010  
 RALPH LUNDY SOCCER ACADEMY  
 3134 BALL COURT  
 MT. PLEASANT, SC 29466-8008

Send this form with your \$250 deposit to reserve your space. There is a late registration fee of \$25 for all applications after June 15th. After June 15th, please send full payment plus the \$25 late fee. If paying by credit card, the full amount will be charged.

• Please apply early. Many camps sold out in 2009 •  
 PLEASE COMPLETE ALL INFORMATION ON BOTH PAGES.

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

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

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

Home Phone (w/ AC) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Current Grade \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female

Is your team or group attending camp?  YES  NO

If YES, the name of your team is: \_\_\_\_\_

Please indicate:  Field Player  Goalkeeper

Roommate Request: \_\_\_\_\_

• Airport shuttle required (If yes, please attach itinerary and \$50 fee):  Yes  No

E-mail (REQUIRED) \_\_\_\_\_

PLEASE CHECK APPROPRIATE SESSION (Note: *The Elite Players School is for Ages 14-18*)

**Christ School • Arden, NC**

- June 6-10 Ages 10 – 14 (Coed)
- June 13-17 Ages 14 – 18 (Coed)
- June 20-24# Ages 14 – 18 (Coed)
- June 27-July 1 Ages 10 – 14 (Coed)

**Regular**

- \$510
- \$510
- N/A**
- \$510

**ELITE**

- N/A**
- \$670
- \$670
- N/A**

# - College Showcase

**University of West Georgia • Carrollton, GA**

- June 13-17 Ages 10 – 14 (Coed)
- June 20-24# \*\* Ages 14 – 18 (Coed)
- June 27-July 1 Ages 14 – 18 (Coed)
- July 4-8 Ages 10 – 18 (Coed)

**Regular**

- \$510
- \$510
- \$510
- \$510

**ELITE**

- N/A**
- \$670
- \$670
- \$670

**Wofford College • Spartanburg, SC**

- June 20-24 Ages 10 – 14 (Coed)
- June 27-July 1# \*\* Ages 14 – 18 (Coed)

**Regular**

- \$510
- \$510

**ELITE**

- N/A**
- \$670

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

- July 15-18# Ages 14 – 18 (Boys Only)

- \$600

# - College Showcase \*\* - Team Camp suggested - These suggestions are not a requirement.

• If you pay by credit card, the full amount will be charged. In addition, when you register using your credit card, you will incur a processing fee (\$15.30–Reg, \$20.10–Elite), as we use the secure PayPal site for the transaction.  VISA  MasterCard

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ CVV # \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>			
Deposit Received \$ _____	Date _____	Check # _____	
Balance Received \$ _____	Date _____	Check # _____	Balance Due \$ _____



2010  
 RALPH LUNDY SOCCER ACADEMY  
 3134 BALL COURT  
 MT. PLEASANT, SC 29466-8008

### Parental Consent Form

*All areas of this form must be completed and signed by Parent/Guardian*

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

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: \_\_\_\_\_

In Case of Emergency \_\_\_\_\_

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