



Stetson Girl's Soccer Academy Registration Form

Child's Name: _____

Parent(s) Name _____

Age at Camp: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W) _____ (C) _____

Email(s): _____

Roommate Preference: _____

Team Name (if coming with a team): _____

Select Your Camp

(Circle one)

Session I: Goalkeeper/Striker Academy

June 12 – 14, 2009 (age: 10 – 16)

- Residential (overnight) \$300
- Super Day (8:30 – 9:00) \$250

Session II Residential and Day Academy

June 14 – 18, 2009 (ages: 6 – 16)

- Residential (overnight) \$485
- Super Day (8:30 – 9:00) \$325
- Extended Day (8:30 – 4:30) \$250
- Day Academy (8:30 – 11:30) \$200

Session III: College Prep Camp

June 19 – 21, 2009 (high school age elite players)

- Residential (overnight) \$300
- Super Day (8:30 – 9:00) \$250

Send this completed form with your full payment or \$100 non-refundable deposit to:

Stetson Girl's Soccer Academy
Women's Soccer Office
421 N. Woodland Blvd., Unit 8359
DeLand, Florida 32723

Make checks payable to: Stetson Girl's Soccer Academy

To Pay by Credit Card:

Visa Mastercard AMEX Discover

Name on Card: _____

Expiration Date: _____ Amount \$ _____

Card #: _____

CVS (# on back of card): _____

Signature: _____

Academy T-Shirt Adult Size

Circle one: XS Sm Med Lg XLg

*DISCOUNTS!

For Groups/Teams of more than 10 players each player will receive a \$20 discount if attending the Residential Academy or \$10 discount if attending the Day Academy.

Statement of Approval

Volusia and surrounding medical facilities now require medical treatment authorization by parent(s) or legal guardian(s) before providing medical care. I hereby request that my daughter or ward be admitted to the Stetson Soccer Academy. In case of emergency and I cannot be reached, I authorize the directors of Florida Hospital DeLand to act for me according to their best judgment in administering medical attention for which I shall pay.

Signature of Parent/Guardian _____ Date _____

Sworn to me and subscribed before me this _____ day of _____, 2009.

By _____ Notary Public, State of Florida _____

SEAL

Personally Known _____

Produced Identification _____ Type _____