

COLUMBIA UNIVERSITY



2010 NYC SOCCER ACADEMY

Please print out this Registration Form
fill it out and send with full payment to:

Kevin McCarthy,
Head Women's Soccer Coach,
319 Dodge Fitness Center, Columbia University,
New York, NY 10027

Thank You

Important!

- Please detach form before sending
- Do not staple checks to Registration form



REGISTRATION FORM - 2010 NYC SOCCER ACADEMY

Name: (last, first) _____ Gender: Male Female Age: _____ Birth Date: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ Parent(s) Work phone #: _____ e-mail: _____ Fax #: _____

Camp: June 14-18, - \$350 June 21-25, - \$350 June 28 - July 2, - \$350 August 2-6, - \$350 August 9-13 - \$350 August 16-20 \$350
\$375 after May 1st \$375 after May 1st \$375 after May 1st \$375 after May 1st \$375 after May 1st \$375 after May 1st

Shuttle bus: June 14-18, - \$90 June 21-25, - \$90 June 28 - July 2, - \$90 August 2-6, - \$90 August 9-13 - \$90 August 16-20 - \$90

Spring Break Camp: March 22-25, - \$275 without bus • \$375 with bus March 29-April 1, - \$275 without bus • \$375 with bus

Please make checks payable to the NYC Soccer Academy and include your child's name and camp weeks on all checks.

We/I hereby request you accept camper's application for enrollment in the 2010 NYC Soccer Academy. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, Trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent/ Guardian (please print): _____

Signature of Parent/ Guardian _____ Date: _____ Med Insurance Co.: _____ Policy # _____

In case of emergency call first:

Name _____ Relationship to Camper: _____ Telephone # _____

Return completed application and appropriate payment (see tuition section of the brochure) to: Kevin McCarthy, Head Women's Soccer Coach, Mail Code 1907, 319 Dodge Fitness Center, Columbia University, New York NY 10027 (Tel # 212-502-3451 / 914-261-9813 / Fax # 212-904-7397 / nycsocceracademy@gmail.com).