



# N · Y · C SOCCER ACADEMY

## 2010 SPRING BREAK CLINICS REGISTRATION FORM March 22-25 • March 29-April 1

Name: (last,first) \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell phone #: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

<input type="checkbox"/> 3/22 -Mon \$75	<input type="checkbox"/> 3/23 -Tues \$75	<input type="checkbox"/> 3/24 -Wed \$75	<input type="checkbox"/> 3/25 - Thur \$75	<input type="checkbox"/> <i>3/22-3/25 - M-Th \$275</i>
<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> M-Th W/ bus \$375

<input type="checkbox"/> 3/29 -Mon \$75	<input type="checkbox"/> 3/30 -Tues \$75	<input type="checkbox"/> 3/31 -Wed \$75	<input type="checkbox"/> 4/1 - Thur \$75	<input type="checkbox"/> <i>3/29-4/1 - M-Th \$275</i>
<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> W/ bus \$100	<input type="checkbox"/> M-Th W/ bus \$375

We/I hereby request you accept camper's application for enrollment in the 2009 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.

Signature of Parent/ Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

In case of emergency call: Name \_\_\_\_\_

Telephone # \_\_\_\_\_

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

Return completed application and appropriate payment to:  
Kevin McCarthy, Head Women's Soccer Coach, Mail Code 1907,  
319 Dodge Fitness Center, Columbia University, New York NY 10027

(Tel# 212-854-4559 Fax # 212-854-7397).