



N.Y.C. Soccer Academy
Additional Session
June 30th – July 3rd

Name: (last,first) _____

Gender: M F Age: _____ Birth Date: _____

Street Address: _____

Town: _____ State: _____ Zip _____

Home Phone: _____ Parent(s) Work phone #: _____

e-mail: _____ Fax #: _____

9am – 3pm (Monday – Thursday)

- M – Th \$300
- M – Th W/ bus \$380

We/I hereby request you accept camper's application for enrollment in the 2008 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 first:

Name _____

Telephone # _____

Return completed application and appropriate payment to:
N.Y.C. Soccer Academy
3030 Broadway, MC 1907
New York, NY 10027
Phone #: 212-854-4559 Fax #: 212-854-7397