Soccer Camp – March 14th to March 18th 2011
Location: Major League SportsPlex - 641 Danforth Rd
(Danforth & St.Clair)
9 am to 4 pm

Limited Space Available – First Come Basis

Cost $300.00 / week (Players not currently registered in a program)
Cost $250.00/ week (Players currently registered in a program with us)
Please call to discuss daily rate.

TS3 - March Break - Soccer Camp Registration Form

Player Information Section

Player's Name: _____ ___ _____
First Initial Last

Date of Birth: _____/_____/_____ Male / Female _____ Home Phone: _____
Month Day Year M / F

Under 6__ Born in 2005 Under 7 __ Born in 2004 Under 8 _ Born 2003 Under 9 _ Born 2002 Under 10 __ Born 2001

Under 11 __ Born 2000 Under 12__ Born in 1999 Under 13 __ Born 1998 Under 14__ Born 1997

Required Medical Information Section - New players complete section in full – Returning players update new information

Health Card: _____ / _____
Number Exp. Date

Family Doctor: _____ Phone: _____

Medical conditions: ___ Asthma ___ Allergies ___ Heart ___ Diabetes ___ other ___ Medications
(Mark an X)

Additional Information: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Parent / Guardian / Caregiver Information Section

Mr./Ms. Name: _____ Phone: _____
Primary Contact

Street Address: _____ Town: _____

Mailing Address: _____ Postal Code: _____

Email Address: _____

OVER ➔

Fee Structure:

Camp Fee - $300.00 (include GST) Players not currently registered in any program with TS3

Camp Fee - $250.00 (include GST) Players currently registered in a program with TS3

Payment by: Cash ☐ Cheque ☐ Office use: Cheque # _____

Cheques Payable to Toronto Skillz Soccer School Inc.

AMATEUR ATHLETE WAIVER AND RELEASE OF LIABILITY
AND
AGREEMENT TO ABIDE BY TORONTO SKILLZ SOCCER SCHOOL INC.. POLICIES, AND PROCEDURES

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin,
HEREBY RELEASE AND HOLD HARMLESS all officers, officials, agents and/or employees, of European Experience Soccer, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I also agree to abide by European Experience Soccer Inc. policies and Procedures at all times.

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X_____ _____
PARTICIPANTS SIGNATURE EMERGENCY PHONE NUMBER

X_____ _____
WITNESS

Acceptance Section – Office Use ONLY

Signature: _____ Date: _____
Administrator Acceptance

Application and Cheques can be mailed in to the following address

Toronto Skillz Soccer School
1085 Bellamy Road North
Suite 217, Toronto, Ontario
M1H 3C7

Once forms with payment have been received at the office you will be contacted and provided with additional details.