



BEN FREAKLEY School of Soccer

121 Tillman Rd., Unit 501 • Statesboro, Ga. 30458
(912) 531-4889 • bfschoolofsoccer@gmail.com

“Developing the Total Player”

www.bfSCHOOLOFSOCCER.com

2011 BFSS DAY CAMP REGISTRATION FORM

Camper Information:

Camp Attending: June 20-24, 2011 Lexington, Va. July 11-15, 2011 Danville, Va.
(select one) *half-day only*

Half Day (9 am - Noon):	\$140.00	\$140.00
Full Day (9 am - 3 pm):	\$225.00	

Type of Camper: *(select one)* Half Day Full Day
Sex: *(select one)* Male Female

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Age: _____ Birthdate: _____ Grade: _____
(as of 9/1/11)

Team Name: _____
(If you are attending camp as a team)

Camp Payment:

Please make checks payable to: **Ben Freakley School of Soccer**. Please send this form in with your camp payment and completed parental consent form to reserve your space by the deadline date listed below. Full payment must be made prior to camp or at camp registration.

Registration Deadlines:

Camp Deadline
Lexington (June 20-24) June 6

A \$30.00 late charge will be added for registrations and deposits received after the deadline. Please send your deposit and camp application to: **Ben Freakley School of Soccer / 121 Tillman Rd., Unit 501 / Statesboro, Ga. 30458**

Refund Policy: If you have paid for camp but need to cancel, you must notify us in writing within 2 weeks prior to the start of the camp. Your refunds will then be issued (less a \$50 processing fee).

Parental Consent Form

(Must be completed and sent back with application)

Parent/Guardian Name: _____

Relationship: _____

Allergic Reaction to drugs, food, asthma?) No _____ Yes _____

If yes, please explain: _____

Taking any medications at this time? No _____ Yes _____

If yes, please explain: _____

Emergency Contact Information:

Emergency Contact Name: _____

Phone: _____ Cell: _____

Medical Insurance Information:

Name of insurance company: _____

Name of policy holder: _____

Policy Number: _____

BFSS Release Statement:

I / We, the undersigned hereby certify that I (We) am (are) the parent or legal guardian of the camper. I hereby give my permission for the staff of the camp, during the period of the camp, to seek appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of an accident, injury or illness. I / We will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. I / We understand, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities.

Signature: _____

Date: _____ / _____ / 2011