



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 CAMP REGISTRATION FORM

Camper Information:

Camp Attending: <i>(circle one)</i>	July 17-23 Hollins (Adv. Elite)	July 24-28 Hollins (Elite Camp: \$600)
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<i>residential cost:</i>	\$1,000.00	\$490.00
<i>commuter cost:</i>	N/A	\$440.00

Type of Camper: *(select one)* Overnight Commuter

Hollins Camp: *(select one)* Regular Camp Elite Camp

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)

Roommate Request: _____

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: _____

Camp Payment:

Please make checks payable to: **Ben Freakley School of Soccer**. Please send this form in with your \$100.00 deposit and completed parental consent form to reserve your space by the deadline date listed below. Full payment may be made prior to camp or at camp registration.

Registration Deadlines:

Camp Deadline

Adv. Elite (July 17-23) July 3

Hollins (July 24-28) July 10

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

You can also register online* at
www.bfschoolofsoccer.com

*\$10.00 online processing fee is applied.

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).

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