

Solly's Summer



Soccer Camp

Summer 2019

Player: _____ Birthdate: _____ Male Female

T-Shirt Size (circle): YS YM YL AS AM AL XL

Parent(s)' Name(s): _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone(s): _____

E-mail Address: _____

Select Camp Date (s): All camps will take place at Liberty Park on Home Road in Powell.

Mark choice(s) with X	Date	Time	Age	Location	Cost
	July 8-12	8:30-11:30	7-14	Liberty Park – Home Road	\$150
	July 15-19	8:30-11:30	7-14	Liberty Park – Home Road	\$150
	July 22-26	8:30-11:30	7-14	Liberty Park – Home Road	\$150
Total Cost \$					_____

Make checks payable to: Solomon Hilton

Mail Payments to: Solly's Summer Soccer Camps; 7717 Windy Hill Ct, Lewis Center, OH 43035

Website Information: sollysummersoccercamp.com

Please read the following carefully:

I understand that the tuition paid is for the designated dates and covers instruction, and that the deposit is non-refundable. No deduction will be allowed for late arrival or early departure, except if it becomes necessary for the academy to close prior its scheduled time, when a prorated refund will be made.

I further understand that each camp participant should have his or her own medical/accident insurance. Solly's Summer Soccer Camp is not responsible for any medical/dental accident insurance coverage while at camp, and I agree that neither the academy nor its staff will be held liable for any accident or injury. I also certify that my son or daughter is in good health and may participate in all camp activities. I grant permission for my son or daughter to be given emergency treatment at a local hospital.

Parent or guardian (please print)

Signature

Date