

2010 ROCKY MOUNTAIN SOCCER CAMP APPLICATION

NAME _____ AGE (As of Camp Date) _____ M/F _____ BIRTHDAY ____/____/____ TEAM/DIVISION _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____ E-MAIL _____
 ROOMMATE PREFERENCE #1 _____ #2 _____ #3 _____ #4 _____

2010 SUMMER CAMPS - BOYS AND GIRLS

| X | GK | TYPE | DATE | CAMP and LOCATION | TIME | AGES | COST | COMBO | MAX # |
|---|----|---------|------------|---|-----------------|-------|----------|----------|-------------|
| | | MINI | June 14-18 | GOLDEN – Fairmount Park | 5pm – 7pm | 5-14 | \$79.00 | | 120 Campers |
| | | DAY | June 21-25 | COMPLETE PLAYER DAY CAMP – Denver Kickers Club – Golden, CO | 9am – 2 pm | 9-14 | \$215.00 | | 48 Campers |
| | | DAY | June 21-25 | GOALKEEPER DAY CAMP – Denver Kickers Club – Golden, CO | 9am – 2 pm | 9-14 | \$215.00 | | 12 Keepers |
| | | LIVE-IN | July 5-8 | VICTOR HIGH SCHOOL & GOALKEEPER CAMP - Victor, CO | 1pm Mon-1pm Thu | 14-17 | \$375.00 | | 48HS/12GK |
| | | LIVE-IN | July 8-10 | TACTICAL AWARENESS CAMP - Victor, CO | 3pm Thu-3pm Sat | 14-17 | \$275.00 | \$600.00 | 48HS/12GK |
| | | LIVE-IN | July 12-15 | OPEN CAMP #1 & OPEN GK CAMP - Victor, CO | 1pm Mon-1pm Thu | 11-17 | \$375.00 | | 48CA/12GK |
| | | LIVE-IN | July 15-17 | CAPTAIN'S CAMP - Victor, CO | 3pm Thu-3pm Sat | 11-17 | \$275.00 | \$600.00 | 60 Campers |
| | | LIVE-IN | July 19-22 | OPEN CAMP #2 - Elevation Training Center - Victor, CO | 1pm Mon-1pm Thu | 8-13 | \$375.00 | | 60 Campers |
| | | LIVE-IN | July 22-24 | FAMILY CAMP - Victor, CO (Child and Parent(s)) | 3pm Thu-3pm Sat | 6-13 | \$275.00 | \$600.00 | 60 Campers |

CAMP COMBO: Add a 3-DAY LIVE-IN CAMP to a 4-DAY LIVE-IN CAMP and pay only **\$600.00** for **BOTH!**

CHECK AMOUNT ENCLOSED

NONREFUNDABLE MINI CAMP FULL PAYMENT: \$ 79.00 _____ DAY CAMP DEPOSIT: \$115.00 _____ DAY CAMP FULL PAYMENT: \$215.00 _____
 LIVE-IN CAMP DEPOSIT: \$ 175.00 _____ LIVE-IN CAMP FULL PAYMENT: \$375.00 _____ SPECIALTY CAMP FULL PAYMENT: \$275.00 _____
 COMBO CAMP FULL PAYMENT: \$600.00 _____

LIVE-IN CAMPERS must have a current record of a PHYSICAL EXAMINATION completed by an M.D. (within 24 months of camp date) on file in the RMSC office.
 Please send a copy along with this application if it is available to you. Forms will be sent to you if records are not received with this application.

RELEASE FORM

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and is physically able to participate in said activity. I hereby agree to unconditionally waive and release the ROCKY MOUNTAIN SOCCER CAMPS, INC., their officers, employees, agents, servants and all representatives and sponsors from any injury that my child may sustain or any damage that may be caused to my child's property in connection with any ROCKY MOUNTAIN SOCCER CAMPS, INC. activity. I also agree to indemnify and forever hold harmless the ROCKY MOUNTAIN SOCCER CAMPS, INC. for any claims arising out of injury or death to my child, other than gross negligence or willful misconduct of the ROCKY MOUNTAIN SOCCER CAMPS, INC. I also authorize and consent to any emergency X-ray examination, medical diagnosis or treatment and hospital care and on the advice of any physician licensed to practice in the state of Colorado or in the United States of America.

I, furthermore, hereby give my permission to the ROCKY MOUNTAIN SOCCER CAMPS, INC. to use my child's name, likeness, image and photograph for any camp promotional or advertising purposes including, but not limited to, brochures, flyers, internet web sites, and videos.

Parent or guardian signed will be contacted and will be responsible for the health insurance of their child.

Parent/Guardian Signature _____

Please indicate any known ALLERGIES, DISABILITIES, or MEDICAL PROBLEMS: _____

INSURANCE COMPANY _____ PHONE _____ POLICY or GROUP NUMBER _____

PARENT/GUARDIAN _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____

MAIL IN PAYMENT accepted by Check or Money Order made out to RMSC. NO CREDIT CARDS!

MAIL APPLICATION and PAYMENT TO: Rocky Mountain Soccer Camps, Inc. P.O. BOX 47 Victor, CO 80860

(For Office Use Only)

| | | | | |
|----------------|---------------------|------------|-----------------|------------------|
| CHECK #1 _____ | DATE RECEIVED _____ | NAME _____ | AMOUNT \$ _____ | BALANCE \$ _____ |
| CHECK #1 _____ | DATE RECEIVED _____ | NAME _____ | AMOUNT \$ _____ | BALANCE \$ _____ |