



Champions Soccer Camp 2015 Camp Application



You can also register on-line at www.championsoccercamp.com

Summer Session Schedule 2015:

- | | | | | | |
|------------------------------------|-----------|---|----|------------------------------------|------------------|
| <input type="checkbox"/> Session 1 | June 22 | – | 26 | <input type="checkbox"/> Session 2 | July 6 – July 10 |
| <input type="checkbox"/> Session 3 | July 27 | – | 31 | <input type="checkbox"/> Session 4 | August 3 – 7 |
| <input type="checkbox"/> Session 5 | August 10 | – | 14 | | |

Child's name: _____

Age: _____ Level: ☐ Beginner ☐ Intermediate ☐ Advanced

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Child's name: _____

Age: _____ Level: ☐ Beginner ☐ Intermediate ☐ Advanced

Parent's name: _____

Address: _____

City, State, Zip Code: _____

Daytime phone number: _____

Cell phone number: _____

Emergency phone number: _____

Emergency Contact: _____

E-mail address: _____ (please write clearly)

Physician's name: _____

Physician's phone number: _____

Allergies or restrictions: _____

Any other comments _____

I hereby grant permission for my child and any other family member to participate in Craig Breslin's Champions Soccer Camp (CBCSC). I believe and do not hold liable the camp or its employees from claims of any damager or injuries received in activities of the CBCSC. In the event that I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetic, medical and surgical treatment that may be rendered, based on the recommendation of the nearest physician and medical facility.

Parent's signature _____

Date: _____

Please make check payable to Craig Breslin, and mail with application to:

Craig Breslin's Champions Soccer Camp
63 Cottonwood Drive
San Rafael, CA 94901