

# PSA CAMP REGISTRATION FORM

**STEP 1: FILL OUT COMPLETELY FRONT & BACK / ONE REGISTRATION PER APPLICANT**

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex:  M  F

Skill Level:  Beginner  Recreational  Competitive  Elite

Position #1 \_\_\_\_\_ Position #2: \_\_\_\_\_

Request Goalkeeper Training:

T-Shirt Size:  YM  AS  AM  AL  XL

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

## STEP 2: SELECT CAMP PROGRAM

### DAY CAMP PROGRAMS / Please Check Camp Location and Program

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BARRINGTON #1     | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> LIBERTYVILLE #1   | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> SCHAUMBURG #1     | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> ARLINGTON HTS. #1 | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> ARLINGTON HTS #2  | <input type="checkbox"/> \$ 65.00 Pro  | <input type="checkbox"/> \$ 33.00 "LiL" |
| <input type="checkbox"/> SCHAUMBURG #2     | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |

### DAY CAMP PROGRAMS / Please Check Camp Location and Program

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> MT. PROSPECT   | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> WHEELING       | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> BARRINGTON #2  | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> BUFFALO GROVE  | <input type="checkbox"/> \$ 105.00 Pro | <input type="checkbox"/> \$ 55.00 "LiL" |
| <input type="checkbox"/> FULL DAY CAMP  | <input type="checkbox"/> \$ 225.00 Pro |   |
| <input type="checkbox"/> WORLD CUP CAMP | <input type="checkbox"/> \$ 375.00 Pro |   |

## STEP 3: FORM OF PAYMENT

TOTAL AMOUNT \$ \_\_\_\_\_

CHECK# \_\_\_\_\_

Make Checks Payable to: **PROFESSIONAL SOCCER ACADEMY**

CHARGE

Visa  MC  Discover

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print Card Holders Name: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

Send your application to: **PROFESSIONAL SOCCER ACADEMY** 545 Consumers Avenue, Palatine, IL. 60074

**PAYMENTS IN FULL ARE REQUIRED AT TIME OF REGISTRATION**

### Office Use Only

Amount paid: \_\_\_\_\_ Date received: \_\_\_\_\_ Cash: \_\_\_\_\_

Visa / Mc / Discover \_\_\_\_\_ Check #: \_\_\_\_\_ Balance due: \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**SESSION #:** \_\_\_\_\_ **DAY:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PARTICIPANTS INFORMATION:**

Players Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**WAIVER & RELEASE MUST BE FILED OUT COMPLETELY:**

**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the SOCCER ENTERPRISES, INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential form permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard my presence or participation, I will remove myself from participation and bring such attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SOCCER ENTERPRISES, INC., their officers, officials, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Release") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES, OR OTHERWISE.
5. In addition, Soccer Enterprises Inc., its agents or employees, nor the owner assume no legal liability for items lost or stolen as a result of my participation within the facility.
6. We have inspected and accept the facility in the condition in which we find it. We understand that Soccer Enterprises, Inc. is not warranting the condition of this arena.
7. I hereby grant Soccer Enterprises, Inc. and its agents permission to use, without compensation, my and/or my childs image, likeness or voice in connection with any promotional materials including, but not limited to, brochures, advertising and broadcasts

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X

\_\_\_\_\_  
Print Parent/Guardian's Name

X

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date Signed

**OFFICE USE ONLY**

Receipt #: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Check#: \_\_\_\_\_ Charge: \_\_\_\_\_ Cash: \_\_\_\_\_ Initials: \_\_\_\_\_