



(818) 575 - 9122 www.oakssoccercamp.com

******* Make sure your email address is included *******
It will be used to confirm receipt of your application

Advance Training Classes Summer 2015

Completed application (please print clearly) must include parent's signature.

Make all checks payable to: Oaks Soccer Camp

Mail to: 31749 La Tienda Drive, Westlake Village, CA. 91362

Player's Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Grade in September 2015: _____ Age: _____ High School: _____

Father's name: _____ Work phone: (____) _____ Cell: (____) _____

Mother's name: _____ Work phone: (____) _____ Cell: (____) _____

Email address: _____

Medical Ins Co: _____ Policy #: _____

Any allergies: _____

Medical conditions: _____

Session (check applicable boxes). Tuesday – Thursdays 7:30am to 9:30am

Session 1: July 14 – 16 Session 2: July 21 – 23 Session 3: July 28 – 30 All 3 sessions

Prices for Advance Training Classes:

Session – \$120 per week session

Daily Rate – \$40 per day

I hereby authorize the staff of Oaks Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by this camper's participation in the camp program, and according to our family physician, our child is fit to participate in camp activities. I have read the above regulations of the camp and I agree to abide by them. **There is a \$25 fee for all cancellations.**

x _____
Parent or Guardian's Signature _____ date _____

Oaks Soccer Camp
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