



# 2017 Spring Soccer Camp

April 10 – 12, 9:00am to 2:00pm

[www.oakssoccercamp.com](http://www.oakssoccercamp.com)

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

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

Mail in application with check (\$150.00)

Make all checks payable to: Oaks Soccer Camp

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

Player's Name \_\_\_\_\_  Male  Female

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Grade in April 2017 \_\_\_\_\_ Age in April 2017 \_\_\_\_\_

Father's name: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**\*Email address:** \_\_\_\_\_

Medical Ins Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

T-shirt: youth/adult S M L XL

**Week Day Camp** (\$150.00 for the week)

April 10 - 12 (3 Day Camp)

**Individual Days** (\$50.00 per day)

Mon.  Tue.  Wed.

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 \$50 fee for all cancellations.**

x \_\_\_\_\_  
Parent or Guardian's Signature date

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