



2017 Spring Soccer Camp

April 10 – 12, 9:00am to 2:00pm

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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