



Make checks payable to and return registration form to:

**IOWA SOCCER CLUB
ATTN: PREMIER SOCCER CAMP
220 LAFAYETTE STREET SUITE 134
IOWA CITY, IA 52240**

FULL-WEEK REGISTRATION	SINGLE DAY REGISTRATION:
Full Day Registration - \$185/player	Full Day - \$40/day
Half Day Registration - \$110/player	Half Day - \$25/day
FAMILY DISCOUNT: (only applies to <u>Full Day</u> Campers)	
Registering 2 Kids - \$325/family (\$45 Family Discount)	
Registering 3 Kids - \$500/family (\$55 Family Discount)	

All registration material is due **June 18, 2007**. Late registration will not be accepted.

(If registering two players, please fill out two forms!)

Player Name: _____ Date of Birth: _____ Boy: _____ Girl: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Allergies: _____ Other Medical Info: _____

Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Attending Full Week (Mon-Fri): Half Day: ___ Full Day: ___

Not Attending Full Week: (please check below the days that you will attend)

Monday: Full ___ Tuesday: Full ___ Wednesday: Full ___ Thursday: Full ___ Friday: Full ___

Monday: Half ___ Tuesday: Half ___ Wednesday: Half ___ Thursday: Half ___ Friday: Half ___

Goalkeeper Training: Y ___ N ___ Early Bird Training: Y ___ N ___ Check here if you want a camp receipt: ___

Adult Sizes for T-Shirts: S: ___ M: ___ L: ___ XL: ___ Youth Sizes for T-Shirts: S: ___ M: ___ L: ___ XL: ___

WAIVER:

I understand and accept the condition that the Iowa Soccer Club, Inc. or anyone associated with this camp does not assume responsibility for accidents, medical, or dental expenses incurred as a result of participation in the camp. The camper is in good health and able to participate in the physical activity required. I hereby authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention. My son/daughter is fully covered by our personal family health plan in the event of sickness or injury.

Signature of Parent/Guardian(s) _____

For further information or questions please contact the Iowa Soccer Club at 319-337-5479 or visit www.iowasoccerclub.com