



SHOOTING CAMP
VETERANS MEMORIAL PARK - MORICHES
 April 10-12 5-7pm
 Travel U9 & Up

Pre-Registration Cost: \$100 Cost At Field: \$110 Sibling Discount \$10 NO EXCEPTIONS PRE-REGISTRATION DATE: April 7th

Name: _____ **Age Group:** _____
Street: _____ **Team Name:** _____
City/State/ZIP: _____ **Home Phone:** _____
E-mail: _____ **Sex:** M / F
DOB: _____

Consent Form:

The law requires that parental permission be obtained so that urgent medical attention can be administered to minors. The consent below must be signed by parents/guardians. I hereby give the above applicant permission to attend Smithtown Kickers Camp. I verify to the best of my knowledge that the child is physically able to participate in the activities of the camp. I agree to allow my child to be treated, if necessary by a physician and/or trainer while attending. I understand that soccer is a contact sport and that physical injury may occur during the course of training, practice and games. I also understand Tom Lips is not responsible for damage and or loss of personal items.

Please list any health concerns here: _____

Parent/Guardian Signature or Player (over 18) _____

POLICY: No refunds will be given once clinic is in progress!! THERE WILL BE NO PRO-RATING ANY RETURNED CHECK IS SUBJECT TO \$25 PENALTY

Contact: _____
Second Emergency Contact: _____
Parent Cell #(s): _____

Please Make Checks Payable to: Smithtown Kickers

Mail Registration & Check to:
Smithtown Kickers
28 Borrell Court
St. James NY 11780
www.lips-soccer.com