



2017 SUMMER SKILLS CAMP REGISTRATION

VETERANS MEMORIAL PARK - MORICHES

JULY 10-14th 5-8pm

Intramural Ages 6-7, Travel U8 -U13

Pre-Registration Cost: \$140 Cost At Field: \$160 NO EXCEPTIONS

Sibling Discount: \$10

PRE-REGISTRATION DATE: July 7th

Name: _____ Age Group: _____

Street: _____ Team Name: _____

City/State/ZIP: _____ Home Phone: _____

E-mail: _____ Sex: M / F

DOB: _____ Field Player/Goalie (Circle One)

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; No refunds or credits given for cancellations and/or date changes due to inclement weather.

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