



**2017 SUMMER SHOOTING CAMP REGISTRATION**

VETERANS MEMORIAL PARK - MORICHES

July 24-26<sup>th</sup> 6-8 pm

Travel U8 & Up

**Pre-Registration Cost: \$100 Cost At Field: \$110 NO EXCEPTIONS**

**Sibling Discount: \$10**

**PRE-REGISTRATION DATE: July 21st**

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; 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**