

Last Name:

[Grid for last name]

First Name:

[Grid for first name]

CONCORDE FIRE

2010 Summer Camps-Central

Registration Form

Director, Justin Towns 770 312 3299

Director, Ken Kurilec 770 241 8197

Birthdate: [Month] [Day] [Year] Male: [] Female: []

Address: [Grid]

City: [Grid] Zip: [Grid] Phone: [Grid]

AGE GROUPS

U6 U7 U8 U9 U10 U11 U12 U13 U14

May Camp \$45/camper Summer Camp \$150 or \$40/ day Striker / GK Camp \$150 or \$40/ day

Primary Contact Name:	E-Mail: Please furnish as most correspondence is by e-mail.	Cell #:
Alternate Contact Name:	E-Mail: Please furnish as most correspondence is by e-mail.	Cell #:

CAMP INFORMATION

May Development Camp Monday, May 24 – Wednesday, May 26
6:30pm—8:00pm - Current U7 - U14 Boys and Girls—**Submit by Monday, May 17**

Summer Camp Monday, June 7 – Thursday, June 10
9:00am– Noon Current U6 to U12 Boys and Girls—**Submit by Tuesday, June 1**

Striker & Goalkeeper Camp Monday, June 7 – Thursday, June 10
1:00pm– 3:00pm Current U9 to U14 Boys and Girls—**Submit by Tuesday, June 1**

Camp Location: Ashford-Dunwoody Complex, 3820 Ashford Dunwoody Road, Atlanta, GA 30319
Bring your soccer ball, water and sun screen.

Insurance Company _____ Policy Number _____

Medical/Other Info _____

Visa MasterCard AMX Amt to be Charged: _____ Exp Date: _____

Card Number: _____ CVV Code: _____ Name on the Card: _____

Street Address: _____ City: _____ Zip: _____

I hereby give approval for the participation of my child in any and all GSSA and affiliated associations or league activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the GSSA and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child. No Refunds will be given.

Parent Signature: _____ Date: _____

Fax completed form to: 404 420 2930 - Concorde Fire Soccer