

Last Name:

[Grid for last name]

First Name:

[Grid for first name]

# CONCORDE • FIRE

## 2010 Summer Camps-SOUTH

### Registration Form

**Brian Moore, South Program Director**

**770 815 7617**

Birthdate:

[Month]

[Day]

[Year]

Male:

Female:

Month

Day

Year

Address:

[Grid for address]

City:

[Grid for city]

Zip:

[Grid for zip]

Phone:

[Grid for phone]

### AGE GROUPS

U6  U7  U8  U9  U10  U11  U12  U13  U14  U15  U16  U17

May Camp \$50 /camper  May Camp \$25 /Concorde Fire member  Summer Camp \$140 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 – Thursday, May 27 60 Maximum Campers  
5:00pm—6:30pm - Current U6 - U13 Boys and Girls—**Submit by Monday, May 17**  
*Early registration discount of \$10 if you register on or before May 17, 2010*

**Summer Camp** Monday, June 7 – Thursday, June 10 60 Maximum Campers  
9:00am– Noon Current U6 to U14 Boys and Girls—**Submit by Tuesday, June 1**  
*Early registration discount of \$10 if you register on or before Tuesday, June 1*

**Striker & Goalkeeper Camp** Wednesday, July 28 – Saturday, July 31 60 Maximum Campers  
6:00pm– 8:00pm (Wednesday—Saturday) 9:00am—11:00am (Saturday Only)  
U9 to U17 Boys and Girls—**Submit by Monday, July 26**  
*Early registration discount of \$10 if you register on or before Monday, July 26*

**Camp Location:** Concorde Fire—Fayetteville Field (next to FCHS) / 1 Tiger Trail / Fayetteville, GA 30214  
**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