



Champions Soccer Camp 2010 Camp Application

Summer Session Schedule 2010:

- | | |
|--|--|
| <input type="checkbox"/> Session 1, June 21 – 25 | <input type="checkbox"/> Session 2, June 28 – July 2 |
| <input type="checkbox"/> Session 3, July 12 – 16 | <input type="checkbox"/> Session 4, July 26 – 30 |
| <input type="checkbox"/> Session 5, August 2 – 6 | <input type="checkbox"/> Session 6, August 9 – 13 |
| <input type="checkbox"/> Session 7, August 16 – 20 | |

Child's name: _____

Age: _____ Level: Beginner Intermediate Advanced

Child's name: _____

Age: _____ Level: Beginner Intermediate Advanced

Child's name: _____

Age: _____ Level: Beginner Intermediate Advanced

Parent's name: _____

Address: _____

City, State, Zip Code: _____

Daytime phone number: _____

Cell phone number: _____

Emergency phone number: _____

Emergency Contact: _____

E-mail address: _____ (please write clearly)

Physician's name: _____

Physician's phone number: _____

Allergies or restrictions: _____

Any other comments _____

I hereby grant permission for my child and any other family member to participate in Craig Breslin's Champions Soccer Camp (CBCSC). I believe and do not hold liable the camp or its employees from claims of any damager or injuries received in activities of the CBCSC. In the event that I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetic, medical and surgical treatment that may be rendered, based on the recommendation of the nearest physician and medical facility.

Parent's signature _____

Date: _____

Please make check payable to Craig Breslin, and mail with application to:

**Craig Breslin's Champions Soccer Camp
63 Cottonwood Drive
San Rafael, CA 94901**