

LIGHTNING SOCCER APPLICATION 2009

[March/09]



[PLEASE FILL OUT ONE APPLICATION FOR EACH WEEK OF CAMP ATTENDING. PHOTOCOPY IF NECESSARY.]

NAME: _____ Age (on 8/1/09): _____ Grade (Fall 09): _____ Sex: M / F

MAILING ADDRESS: _____ Home Phone: _____

CITY: _____ STATE: _____ ZIP: _____ Emergency Phone: _____

NAME OF PARENTS OR GUARDIAN: _____

Email (write clearly to receive confirmation): _____

School (Fall 09): _____ Level (circle): HS Jr HIGH ELEMENTARY

Town/Club: _____ Level (circle one): YSA TOWN PREMIER

ODP Level (if applicable): DISTRICT STATE POOL STATE TEAM HAVEN'T TRIED OUT

T-Shirt Size (circle): YL AS AM AL AXL Position (circle one): GK Def Mid Fwd

LIGHTNING CAMP SCHEDULE 2009

Please include a deposit for every week you wish to attend. A deposit for one week does not cover multiple weeks. Check 'Camps at a Glance' on website or pg 2 camp brochure for tuition fees.

DATES

SITE (circle site)

CAMP OPTIONS (check program)

April Vacation Camps (Sjr gr 1-5, Adv gr 5-10 present grade. Pay full fee)

SJr Adv Goalie

ANNUAL GOALKEEPER CLINIC (Ages 6-18)

April 20-24 Tufts University, 9 am-12 noon

May 31st, 10am-1:00pm, Tufts University

April 20-24 Soccer Etc, Beverly, 1:30-4:30 pm

\$25 pre-registration, \$30 walk-up registration
featuring Bernie Watt & Matt Reis, Jeff Causey, Jeff DuBack

Summer Day Camps (Sjr gr 1-5, Advanced gr 5-12 by Fall. Pay full fee for HS 5-8)

SJr Adv Goalie

halfday9-12 halfday1-4 HS5-8

July 13-17 The Pingree School

N/A

July 13-17 Tufts University (HS 5-8pm, Malden Catholic, July 13-16)

July 20-24 Tufts University

N/A

July 20-24 Shore Country Day (HS clinic 5-8pm, July 20-23)

Elite & College Prep/Academy Overnight Camps

Field Goalie

Roommate Request

July 26-30 Worcester Academy (*gr 6-8) & (gr 9-12)

August 2-6 Curry College (*gr 6-8) & (gr 9-12)

August 9-13 Curry College (gr 9-12)

Check if you will have a car at the overnight camp: Check for Day Camper at overnight (8:45 am - 8:00 pm):

* Participants on Lightning Soccer Academy (gr 6-8) must be a minimum of 11 years old at the time of camp and are separated from HS campers

PAYMENT Send application & non-refundable deposit to: **Lightning Soccer, PO Box 53054, Medford, MA 02153-0054**

Check payable to: **Lightning Soccer** Deposit: **\$100 for Day Camps, \$150 for Overnight Camps.** ONE DEPOSIT PER CAMP.

Payment by credit card: **MasterCard / Visa** CARD#: _____ EXP DATE: ____/____/____

NOTE: NO DEPOSITS BY CREDIT CARD PERMITTED - CREDIT CARD PAYMENTS WILL BE CHARGED THE FULL COST OF THE CAMP.

Early-Bird Discount (if received by April 27): **Two-Week Discount:** Please do not subtract discounts from the deposit.

Please include a deposit for every week you wish to attend. A deposit for one week does not cover multiple weeks.

I understand that the directors & coaches of Lightning Soccer NE Inc., or anyone associated with either the Pingree School, Tufts University, Shore Country Day, Curry College, Worcester Academy or any other site used by Lightning Soccer NE Inc., its trustees, agents and officers, will not assume responsibility for accidents & medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me according to their best judgement in any emergency requiring medical attention. I will hold harmless Lightning Soccer NE Inc., The Pingree School, Tufts University, Shore Country Day, Curry College, Worcester Academy or any other site used by Lightning Soccer NE Inc., its trustees, agents and officers of any and all liability actions, causes of action, claims & demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in any of its activities.

Parent or Guardian Signature Date: _____

Family Health Insurance Company & Policy #

(Required for ALL campers before accepted to camp.)

Fee: \$ _____	Camp Use Only
Date: ____/____/____	Deposit: \$ _____ Check #: _____
Dis Type: _____	Dis Amt: \$ _____ Balance: \$ _____
Bal Pd: \$ _____	Ck/CC: _____
Notes: _____	