



THE SOCCER F.I.T. ACADEMY™
PRESENTED BY THE CLAY COUNTY SOCCER CLUB

APPLICATION

PLAYER'S LAST NAME: _____

PLAYER'S FIRST NAME: _____

NICKNAME (IF ANY): _____ MIDDLE INITIAL: _____

DATE OF BIRTH (MONTH/DATE/YEAR): _____ AGE AT CAMP: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/LEGAL GUARDIAN'S NAME(S): _____

PARENT'S CELL PHONE (S): () _____ / () _____

PARENT'S WORK PHONE: () _____ HOME PHONE: () _____

EMAIL (S): _____

ARE YOU A CURRENT REGISTERED FLORIDA YOUTH SOCCER ASSOCIATION (F.Y.S.A.) PLAYER FOR THE 2009-10 SEASON? **YES** **NO** (NOTE: An additional fee of \$10 will be added to the Academy registration fee if **NOT** a current F.Y.S.A. registered player.)

IF **YES**, NAME OF PLAYER'S CURRENT SOCCER CLUB: _____ STATE: _____

AGE GROUP & GENDER: _____ COACH: _____

SCHEDULE OF SESSIONS

Please place a check next to the box of the session(s) you would like to attend **AND** note if you are a GOALKEEPER:

- Saturday, Dec. 19, 2009, 1-5 PM** **Strikers/Forwards & Goalkeepers**
- Sunday, Dec. 20, 2009, 1-5 PM** **Center Midfielders**
- Monday, Dec. 21, 2009, 1-5 PM** **Wingers/Outside Midfielders & Goalkeepers**
- Tuesday, Dec. 22, 2009, 1-5 PM** **Defenders & Goalkeepers**

All SOCCER F.I.T. ACADEMY™ sessions will be at:
The Dennis Viollet Soccer Complex at Eagle Harbor
4387 Lakeshore Drive, Fleming Island, FL 32003

COSTS

- **1 Session:** \$50 per player (does **NOT** included Academy T-Shirt)
- **2 Sessions:** \$80 per player (does **NOT** included Academy T-Shirt)
- **3 Sessions:** \$105 per player (**includes** Academy T-Shirt!)
- **4 (ALL!) Sessions:** \$120 per player (**includes** Academy T-Shirt!)
- There is a minimum of **8** registered participants for a session to be confirmed.
- Academy participants can purchase the official Academy T-Shirt for **\$12 each** (includes sales tax).

METHOD OF PAYMENT

- Deadline for registration is **Dec. 12, 2009**. Please make ALL checks payable to:
CLAY COUNTY SOCCER CLUB and Mail to OR drop off at:

THE SOCCER F.I.T. ACADEMY™
C/o CARLOS MANUEL
4387 LAKESHORE DR
FLEMING ISLAND, FL 32003

- APPLICATION WILL **NOT** BE PROCESSED WITHOUT A SIGNED AND COMPLETED MEDICAL RELEASE AND CONSENT FORM INCLUDED WITH THE APPLICATION AND PAYMENT. PLEASE ALSO REMEMBER TO ALSO COMPLETE THE **PLAYER INFORMATION SHEET** AND BRING TO THE FIRST DAY OF TRAINING.

T-SHIRT

- Registration for **3 or more** sessions includes an Academy short-sleeved T-Shirt (registration to **2 or less** sessions does NOT). Additional T-Shirts can also be purchased for \$12 per shirt (tax included). Please check size and list quantity:

YOUTH: Y-MEDIUM **QNTY:** ____ Y-LARGE **QNTY:** ____ Y-X LARGE **QNTY:** ____

ADULT: SMALL **QNTY:** ____ MEDIUM **QNTY:** ____

LARGE **QNTY:** ____ X LARGE **QNTY:** ____

* FOR OFFICE USE ONLY *

AMOUNT RECEIVED: _____ **DATE:** _____

CHECK #: _____ **BALANCE DUE:** _____ **# OF SHIRTS:** _____

RECEIVED BY: _____ **INITIALS:** _____



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MEDICAL RELEASE FORM

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE

1. I understand that there is a risk in participating in any sport, including the SOCCER F.I.T. ACADEMY™, a risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the Academy Staff (Coaches) as soon as the problem begins.

2. By signing below, I certify the following:

- That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in soccer camp.
- That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in soccer camp.
- That my child has no history of fainting or other problems related to strenuous exercise; and
- That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date _____

CONSENTS

1. By my signature below, I hereby give permission for the SOCCER F.I.T. ACADEMY™, Carlos Manuel, Clay County Soccer Club and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her time at camp.

2. By my signature below, I hereby give consent to have my child be photographed or videoed during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by the SOCCER F.I.T. ACADEMY™, Carlos Manuel and Clay County Soccer Club.

Parent/Guardian Signature _____ Date _____

RELEASE

1. I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that maybe sustained by my child as a result of his or her participation at soccer camp. I also certify that I have health insurance which provides adequate coverage for injuries or illness my child may sustain while participating at the SOCCER F.I.T. ACADEMY™.

2. By my signature below, I also agree to release and promise not to sue the SOCCER F.I.T. ACADEMY™, Carlos Manuel, Clay County Soccer Club or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in the SOCCER F.I.T. ACADEMY™.

Parent/Guardian Signature _____ Date _____



THE SOCCER F.I.T. ACADEMY™

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PLAYER INFORMATION SHEET

YOU MUST BRING THIS COMPLETED CARD WITH YOU TO CAMP

CAMPER _____
LAST FIRST

PARENTS _____
LAST FIRST

ADDRESS _____
STREET CITY & STATE

EMERGENCY PHONE NUMBER (H) _____ (O) _____

HEALTH INSURANCE INFORMATION

Company _____
Policy Number _____
Date _____

Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

