

Pantuosco's Soccer Camp Application 2010

Name: _____ Age: _____ Grade in Sept: _____

Address: _____ Gender: M F

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Emergency Phone: _____
Must Be Different than Home Phone

Email: _____ Team Name: _____
Only if applicable for team discount

T-Shirt Size: Youth 10-12 14-16
Adult S M L XL

Select the week or weeks you wish your child to attend:

Jewish Community Center: 6/28 Pee-Wee

Longmeadow High School: 7/12 7/19

Robinson State Park: 8/2

Premier Camp: 8/16

Varsity Camp @ JCC: Varsity Camp (8/16-19)
(formerly Cathedral H.S.)

Release

I fully recognize and appreciate the dangers and hazards involved in soccer camp and do hereby agree to assume all risks and responsibilities surrounding my child(ren)'s participation at camp, and further, do hereby release and hold harmless, Pantuosco's Pioneer Valley Soccer Camp, Inc.; Joe Pantuosco; employees; participants; owners and lessees of premises used for soccer camp against any and all liabilities. I understand that Pantuosco's Soccer Camp and the aforementioned parties will not assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the program, whether caused by the negligence of Pantuosco's Soccer Camp or persons acting on its behalf or otherwise. I am responsible for providing medical insurance for my child(ren). The applicant is in good health and able to participate in the physical activities of a vigorous program.

I have read and understand this release and voluntarily allow my son/daughter to participate in Pantuosco's Soccer Camp.

Parent /Guardian Signature: _____ Date: _____

Send \$50 non refundable deposit to 18 Greenleaf Drive, Hampden, MA, 01036, payable to Joe Pantuosco

Medical Form due on or before first day of camp