



SOCCER SURVIVAL CAMP 2017



HARFORD COUNTY'S PREMIER DAY SOCCER CAMP SINCE 2004

@ Fallston Rec. Complex on Mountain Rd by Youth Benefit Elementary School from 9 a.m. to 3 p.m.

BOYS AND GIRLS AGES 5 – 15

JUNE 19 – JUNE 23, 2017 JUNE 26 – JUNE 30, 2017

Director & Founder Coach Christopher A. Hoover

☛ 2016 MPSSAA 4A State Finalist Bel Air High School Men's Soccer Coach ☛ Former York College of Pennsylvania First Assistant Head Coach of the Capital Athletic Conference ☛ Region 1 Mid-Atlantic Olympic Development Coach ☛ Fallston High School Head Men's Soccer Coach (161 – 46 – 9) ☛ UCBCAC Coach of the Year 2004, 2005, 2006, 2008, and 2009 ☛ Maryland Soccer Coach of the Year finalist in 2004, 2008, and 2009 ☛ Mid-Atlantic Region Coach of the Year finalist in 2004 and 2008 ☛ U.S. Soccer Federation license ☛ 2011 U.S. National Diploma Distinguished Merit NSCAA ☛

PLAYER INFORMATION PLEASE PRINT CLEARLY

PLAYER'S NAME _____ GENDER M F

TEAM / PROGRAM AFFILIATION _____

DATE OF BIRTH _____ / _____ / _____ GRADE ENTERING IN THE FALL OF 2017 _____

STREET ADDRESS _____

CITY

STATE

ZIP CODE

PARENT / GUARDIAN (PRINT PLEASE) _____

CONTACT NUMBERS IT IS CRITICAL THAT YOU PRINT CLEARLY FOR PROPER NOTIFICATION

HOME PHONE (_____) _____ CELL PHONE (_____) _____

E-MAIL _____ @ _____ . _____

CAMP CONFIRMATION NOTICES WILL BE SENT UPON RECEIPT OF APPLICATION

WEEK # 1: JUNE 19 – JUNE 23, 2017

WEEK # 2: JUNE 26 – JUNE 30, 2017

FOR CAMP REGISTRAR USE

DATE RECEIVED:

PAYMENT CHECKS PAYABLE TO SOCCER SURVIVAL CAMP

- \$75 Deposit (non-refundable) BALANCE DUE AT CAMP SIGN-IN
 - \$210 Full Payment for 1 week ON / BEFORE WEDNESDAY, MAY 17, 2017
 - \$240 Full Payment for 1 week AFTER WEDNESDAY, MAY 17, 2017
- \$410 Full Payment for BOTH WEEKS ON / BEFORE WEDNESDAY, MAY 17, 2017
- \$460 Full Payment for BOTH WEEKS AFTER WEDNESDAY, MAY 17, 2017
 - \$15 Sibling discount only available 2nd full-day campers - PLEASE COMPLETE A FORM FOR EACH PLAYER

THE CUB ACADEMY AVAILABLE FOR PLAYERS AGES 5 THROUGH 7

- \$75 Deposit (non-refundable) BALANCE DUE AT CAMP SIGN-IN
 - \$150 Full Payment ON OR BEFORE WEDNESDAY, MAY 17, 2017
 - \$165 Full Payment AFTER WEDNESDAY, MAY 17, 2017

PARENT PERMISSION WAIVER MANDATORY THAT THIS FORM IS SIGNED BY A PARENT OR LEGAL GUARDIAN

I hereby give my permission for my child to participate in the Soccer Survival Camp 2017 (SSC). I certify that he / she is physically fit, and will not hold SSC and / or the instructional staff liable for any accident or injury incurred during the course of the program. If emergency care is needed, I give my permission to SSC for first stage emergency care.

PARENT WAIVER SIGNATURE _____

PLEASE MAIL REGISTRATION TO:

SOCCER SURVIVAL CAMP – 811 LEESWOOD ROAD, BEL AIR, MD 21014

For more information contact us at hoover811@comcast.net or call 443-417-0856.

Find us & like us on Facebook or on-line at www.soccersurvivalcamp.com