

OAKS SOCCER CAMP

(818) 575 - 9122 www.oakssoccercamp.com

******* Make sure your email address is included *******
It will be used to confirm receipt of your application

Completed application (please print clearly) must include parent's signature.
Mail in application with deposit (\$50.00); balance due by the first day of camp.
Make all checks payable to: Oaks Soccer Camp
Mail to: 31749 La Tienda Drive, Westlake Village, CA. 91362

Player's Name _____ Male Female

Street _____

City _____ State _____ Zip _____

Home Phone _____

Grade in September 2010 _____ Age in June 2010 _____

Father's name: _____ Work phone: (____) _____ Cell: (____) _____

Mother's name: _____ Work phone: (____) _____ Cell: (____) _____

Email address: _____

Medical Ins Co: _____ Policy #: _____

Any allergies: _____

Medical conditions: _____

T-shirt: youth/adult S M L XL

How did you hear about us?: _____ Send _____ additional brochures.

Day Camps (check applicable boxes)

June 14 – 18

June 21 – 25

July 19 – 23

July 26 – 30

August 2 – 6

Specialty Camp (Ages 10 - 14)

July 27 - 29 (3 Day Camp)

August 3 - 5 (3 Day Camp)

I hereby authorize the staff of Oaks Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by this camper's participation in the camp program, and according to our family physician, our child is fit to participate in camp activities. I have read the above regulations of the camp and I agree to abide by them. **There is a \$50 fee for all cancellations.**

x _____
Parent or Guardian's Signature date

Please send a non-refundable deposit of \$50 with application. Make checks payable to Oaks Soccer Camp. Remaining balance will be due the first day of camp. Mail application and deposit to:

Oaks Soccer Camp
31749 La Tienda Drive
Westlake Village, CA 91362