

2017 PETER FEWING SOCCER CAMP MAIL-IN CAMP REGISTRATION

Please print or type information completely. For multiple applications, please copy this form.

CCER CAMPS			Di di la		-		
mper's Name:							
ldress:		City:			_ State:	Zip:	
ome Phone:()		Work Phone:(_)				
nergency Name:	Relati	on:		Emergency Phone: (_)		
nail:				• ,			
am Name/Coach (if registering for team rate)		•	•	•	•		
. , ,						veu, the team discount w	nii be applieu to your application
DAILY CAMPS (5-13 y	/ears) Ra	te includes camp t	t-shirt & socce	r ball if registered b	y June 1st.	10	
1 camp \$160.00 2nd camp rate \$150.			•	•			tional \$20
*Full Day Camp Rate: \$280, 2nd Child			<u> </u>		olayo Piay C		i
Seattle, Greenlake	June 26-30	9am-12pm		rmandy Park		July 17-21	9am-12pm
Seattle, Greenlake	June 26-30	1pm-4pm	-	rmandy Park		July 17-21	1pm-4pm
Seattle, Greenlake *Extra Hour Stay & Play		1pm-5pm*		rmandy Park *Extra Ho	our Stay & Play	July 17-21	1pm-5pm*
Seattle, Greenlake	June 26-30	9am-4pm Full Da	\vdash	rmandy Park		July 17-21	9am-4pm Full Day
Seattle, Greenlake *Extra Hour Stay & Play	1	9am-5pm Full Da	<u> </u>	rmandy Park *Extra Ho	our Stay & Play	July 17-21	9am-5pm Full Day
Seattle Loyal Heights	July 10-14	9am-12pm	$\dashv \vdash \vdash$	attle View Ridge		July 17-21	9am-12pm
Seattle Loyal Heights	July 10-14	1pm-4pm		attle View Ridge		July 17-21	1pm-4pm
Seattle Loyal Heights *Extra Hour Stay & Play	July 10-14	1pm-5pm*	Se	attle View Ridge *Ext	ra Hour Stay & Play	July 17-21	1pm-5pm*
Seattle Loyal Heights	July 10-14	9am-4pm Full Da	ay Se	attle View Ridge		July 17-21	9am-4pm Full Day
Seattle Loyal Heights *Extra Hour Stay & Play	July 10-14	9am-5pm Full Da	ay* Se	attle View Ridge *Ext	ra Hour Stay & Play	July 17-21	9am-5pm Full Day
Seattle University	July 10-14	9am-12pm	Va	Vashon Island		July 24-28	9am-12pm
Seattle University	July 10-14	1pm-4pm	Se	attle, Greenlake		July 31-Aug. 4	9am-12pm
Seattle University *Extra Hour Stay & Play	July 10-14	1pm-5pm*	Se	Seattle, Greenlake		July 31-Aug. 4	1pm-4pm
Seattle University	July 10-14	9am-4pm Full Da	ay Se	Seattle, Greenlake *Extra Hour Stay & Play		July 31-Aug. 4	1pm-5pm*
Seattle University *Extra Hour Stay & Play	July 10-14	9am-5pm Full Da	ay* Se	Seattle, Greenlake		July 31-Aug. 4	9am-4pm Full Day
Queen Anne Bowl	July 17-21	9am-12pm	Se	Seattle, Greenlake *Extra Hour Stay & Play		July 31-Aug. 4	9am-5pm Full Day
Queen Anne Bowl	July 17-21	1pm-4pm	Se	Seattle, Loyal Heights		August 14-18	9am-12pm
Queen Anne Bowl *Extra Hour Stay & Play	July 17-21	1pm-5pm*		Seattle, Loyal Heights		August 14-18	1pm-4pm
Queen Anne Bowl	July 17-21	9am-4pm Full Da		Seattle, Loyal Heights *Extra Hour Stay & Play		+ -	1pm-5pm*
Queen Anne Bowl *Extra Hour Stay & Play	July 17-21	9am-5pm Full Da	-	Seattle, Loyal Heights		August 14-18	9am-4pm Full Day
	July 11 2 1	Ou Op U Du	<u> </u>	Seattle, Loyal Heights *Extra Hour Stay & Play		+ <u>*</u>	
THREE NIGHT RESID 1 child \$415.00 Same Family - 2r			\$395.00			t & soccer ball.	
JR ADVANCED (9-12 YEARS)	.	7	_ <u> A</u> [OVANCED (13-1		7	7
		er Field Player	-	Three Night Camp			Field Player
		er 🗖 Field Player er 🗖 Field Player	\dashv \vdash	Three Night Camp Three Night Camp	1		☐ Field Player ☐ Field Player
	U Goal Keep	ei 🗇 Fleiù Flayei			August 9-12	J Goal Reepel	□ Flelu Flayel
Roomate Request: 1st Choice:			2nd Choice				
FIVE NIGHT RESIDE	NT CAM	P — Camp Wask	owitz, North E	Bend Rate includes	camp t-shirt &s	occer ball.	
child \$615.00 Same Family - 2r	nd child \$595.0	0 Team Rate:	\$595.00				
JR ADVANCED (9-12 YEARS)]A	VANCED (13-1	7 YEARS)		
Five Night Comm	☐ Goal Keep	er 🗖 Field Player		Five Night Camp	July 9-14	Goal Keeper	☐ Field Player
Five Night Camp July 9-14	I —	T =:		Five Night Camp	July 23-28	Goal Keeper	☐ Field Player
Five Night Camp July 23-28	Goal Keep	er 🗖 Field Player					
Five Night Camp July 23-28 Roomate Request: 1st Choice:		•	2nd Choice				
Five Night Camp July 23-28 Roomate Request: 1st Choice:		•			ımp t-shirt & soc	ccer ball.	
Five Night Camp July 23-28 Roomate Request: 1st Choice: SIX NIGHT RESIDEN	Т САМР	— Camp Waskow	vitz, North Bei		ımp t-shirt & soc	ccer ball.	
Five Night Camp July 23-28 Roomate Request: 1st Choice: SIX NIGHT RESIDEN	Т САМР	— Camp Waskow	vitz, North Bei			ccer ball.	
Five Night Camp July 23-28 Roomate Request: 1st Choice: SIX NIGHT RESIDEN 1 child \$715.00 Same Family - 2r JR ADVANCED (9-12 YEARS)	T CAMP	— Camp Waskow	vitz, North Bei	nd Rate includes ca	7 YEARS)		☐ Field Player

Pelase send my friend a brochure: Name: Address: City: State: Zip: HOW DID YOU HEAR ABOUT THE PETER FEWING SOCCER CAMPS? Attended camp last year Summer camp trade show Web/Internet Advertisement, which one? Other CANCELLATION POLICY If you must cancel, please do so as early as possible in order for us to notify those on our wait list. To cancel: Email us at peterfewing@peterfewingsoccercamp.com or call the office at 206-547-4143. If you reach the answering machine, please leave a message including the camper's name, parent's name and telephone number.	PAYMENT INFORMATION							
NAME ON CREDIT CARD: Signature: (signature required) authorize all medical, surgical, and diagnostic procedures for my child as may be performed or prescribed by a treating physician until I can be notified. I further understand the risks and hazards associated with my child's physically fit to participate in letter fewing Summer Soccer Camp, LLC, and certify that my child is physically fit to participate in all camp activities and that he/she is covered by health or accident some content of the campet of the campet of the more content of the instruction of the instruction my child will receive regarding soccer, large to indemnify its and that he/she is covered by health or accident and participate in all camp activities and that the/she is covered by health or accident and participated of the properties of the content of the campet of the content of the campet of the content	TOTAL CAMP FEE	S \$	Payment Type:	Check	☐ Visa ☐ Mastercard			
AUTHORIZATION AND HOLD HARMLESS: 1. (signature required) authorize all medical, surgical, and diagnostic procedures for my child as may be performed or prescribed by a treating physician until can be notified. I further understand the risks and hazards associated with my child's paidigation in Peter Fewing Summer Soccer Camp, LLC, and certify that my child is physician until I can be notified. I further understand the risks and hazards associated with my child's paidigation in Peter Fewing Summer Soccer Camp, LLC, and any of its subsidiaries, officers, agents, employees or representatives from any injuries, liabilities, claims, damages, costs or expenses incurred by me, my child, or no hebalf of my child, arising from, or in connection with, my child's attendance and participation in any camp activity supervised by Peter Fewing Summer Soccer Camps, LLC. For such consideration, I further release all claims held by me and my spouse arising from my child's attendance and participation in any camp activity supervised by Peter Fewing Summer Soccer Camps, LLC, and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries. Finally, I understand that the camp retains the right to see photographs or videos taken of participants for advertising and publicity purposes only. Parents signature: Chronic Medical Conditions (asthma, allergies): Wedications: Wedications: Wedications: Wedications: Wedications: Altended camp last year Summer camp trade show Web/Internet Advertisement, which one? Vellow Pages Coach Friend Brochure Brochure Advertisement, which one? Other CANCELLATION POLICY If you must cancel, please do so as early as possible in order for us to notify those on our wait list. To cancel: For cancellations 15 days prior or more to your camp session you will receive a refund less \$20 administration fee for each day camp and \$50 administration fee for each residence camp. For cancellations, for any reason, 14 days or fewer prior to your camp session,	Credit Card#		Ex. Date_	_\				
procedures for my child as may be performed or prescribed by a treating physician until I can be notified. I further understand the risks and hazards associated with my child's paticipation in Peter Fewing Summer Soccer Camp, LLC, and certify that my child shy piscally fit to paticipate in all camp activities and that he/she is covered by health or accident in Surance (required for camp attendance). In consideration of the instruction my child will receive regarding soccer, a large to indemnify and hold harmless Peter Fewing Soccer Camp, LLC, and any of its subsidiaries, officers, agents, employees or representatives from any injuries, liabilities, claims, damages, costs or expenses incurred by me, my child, or on behalf of my child, arising from, or in connection with, my child's attendance and participation in any camp activity supervised by Peter Fewing Summer Soccer Camps, LLC, and accept full responsibility for the cost of all medical treatment to my child as tendance and participation in grown grown grown and participation in any camp activity supervised by Peter Fewing Soccer Camps, LLC, and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries. Finally, I understand that the camp retains the right to use photographs or videos taken of participants for advertising and publicity purposes only. Perents signature: Date:	Name on credit card:		Signature:					
Chronic Medical Conditions (asthma, allergies): Medications:	procedures for my child as may be participation in Peter Fewing Summer insurance (required for camp attention, LLC, and any of its subsidiarion behalf of my child, arising from, For such consideration, I further released continuous photographs or videos taken of	performed or prescribed by a treating phys Soccer Camp, LLC, and certify that my chil dance). In consideration of the instruction es, officers, agents, employees or represen or in connection with, my child's attendar ease all claims held by me and my spouse esponsibility for the cost of all medical tre participants for advertising and publicity	ician until I can be notified. I further un d is physically fit to participate in all car my child will receive regarding soccer, tatives from any injuries, liabilities, clair nce and participation in any camp activit arising from my child's attendance and a tment to my child as a result of any injupurposes only.	derstand the risks an np activities and tha I agree to indemnify ns, damages, costs o cy supervised by Pete participation in any o uries. Finally, I unde	nd hazards associated with my child's pa t he/she is covered by health or accident and hold harmless Peter Fewing Soccer r expenses incurred by me, my child, or er Fewing Summer Soccer Camps, LLC. camp activity supervised by Peter Fewing rstand that the camp retains the right to			
Medical Insurance (required): Pelease send my friend a brochure: Name: Address: City: State: Zip: HOW DID YOU HEAR ABOUT THE PETER FEWING SOCCER CAMPS? Attended camp last year Summer camp trade show Meb/Internet Advertisement, which one? Other CANCELLATION POLICY If you must cancel, please do so as early as possible in order for us to notify those on our wait list. To cancel: Email us at peterfewing@peterfewingsoccercamp.com or call the office at 206-547-4143. If you reach the answering machine, please leave a message including the camper's name, parent's name and telephone number. For cancellations 15 days prior or more to your camp session you will receive a refund less \$20 administration fee for each day camp and \$50 administration fee for each residence camp. For cancellations, for any reason, 14 days or fewer prior to your camp session, you will receive a gift certificate less a \$40 non-refundable deposit for day camp and less a \$100 non-refundable deposit for residence camp. The gift certificate can be used towards a future Peter Fewing Soccer Camp through the next calendar year. Changing Sessions-There is no charge to change sessions or camp locations, however this is subject to space availability.	-							
Medical Insurance (required): Policy #:		•						
HOW DID YOU HEAR ABOUT THE PETER FEWING SOCCER CAMPS? Attended camp last year	Medications: Medical Insurance (required):							
Attended camp last year Summer camp trade show Web/Internet Yellow Pages Coach Friend Brochure Advertisement, which one? Other CANCELLATION POLICY If you must cancel, please do so as early as possible in order for us to notify those on our wait list. To cancel: Email us at peterfewing@peterfewingsoccercamp.com or call the office at 206-547-4143. If you reach the answering machine, please leave a message including the camper's name, parent's name and telephone number. For cancellations 15 days prior or more to your camp session you will receive a refund less \$20 administration fee for each day camp and \$50 administration fee for each residence camp. For cancellations, for any reason, 14 days or fewer prior to your camp session, you will receive a gift certificate less a \$40 non-refundable deposit for day camp and less a \$100 non-refundable deposit for residence camp. The gift certificate can be used towards a future Peter Fewing Soccer Camp through the next calendar year. Changing Sessions-There is no charge to change sessions or camp locations, however this is subject to space availability.					_ Zip:			
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	If you must cancel, please do • Email us at peterfewing@p including the camper's name • For cancellations 15 days pr fee for each residence camp. • For cancellations, for any re camp and less a \$100 non-re next calendar year. Changing Sessions-There is	eterfewingsoccercamp.com or call the e, parent's name and telephone numberior or more to your camp session you ason, 14 days or fewer prior to your ca fundable deposit for residence camp.	office at 206-547-4143. If you reacher. will receive a refund less \$20 adminismp session, you will receive a gift ce The gift certificate can be used towar locations, however this is subject to	n the answering mostration fee for eac ertificate less a \$40 rds a future Peter F space availability.	h day camp and \$50 administration non-refundable deposit for day			
FOR OFFICIAL USE ONLY Confirmation sent, Date/			I Mail □ Faved					