



2020 PETER FEWING SOCCER CAMP MAIL-IN CAMP REGISTRATION

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

Camper's Name: _____ Birthdate: ____/____/____ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone:(____) _____ Work Phone:(____) _____
 Emergency Name: _____ Relation: _____ Emergency Phone: (____) _____
 Email: _____ Please check if you would like to receive your confirmation by email. Referring Friends Name: _____
 Team Name/Coach (if registering for team rate) _____ Note: when 10 applications from your team have been received, the team discount will be applied to your application.

DAILY CAMPS (5-13 years) Rate includes camp t-shirt & soccer ball if registered by June 1st.
 1 camp \$185.00 2nd camp rate \$175.00 Team Rate (for 6+ players) \$175 Same Family Rate: 2nd child \$175.00
 *Full Day Camp Rate: \$315, 2nd Child & Team Rate \$305 *Extra Hour Stay & Play option, additional \$20

Seattle Greenlake	June 22-26	9am-12pm	Seattle View Ridge	July 13-17	9am-4pm Full Day
Seattle Greenlake	June 22-26	1pm-4pm	Seattle View Ridge *Extra Hour Stay & Play	July 13-17	9am-5pm Full Day
Seattle Greenlake *Extra Hour Stay & Play	June 22-26	1pm-5pm*	Seattle University	July 20-24	9am-12pm
Seattle Greenlake	June 22-26	9am-4pm Full Day	Seattle University	July 20-24	1pm-4pm
Seattle Greenlake *Extra Hour Stay & Play	June 22-26	9am-5pm Full Day*	Seattle University *Extra Hour Stay & Play	July 20-24	1pm-5pm*
Seattle University	June 29-July 3	9am-12pm	Seattle University	July 20-24	9am-4pm Full Day
Seattle University	June 29-July 3	1pm-4pm	Seattle University *Extra Hour Stay & Play	July 20-24	9am-5pm Full Day*
Seattle University *Extra Hour Stay & Play	June 29-July 3	1pm-5pm*	Vashon Island	TBA	9am-12pm
Seattle University	June 29-July 3	9am-4pm Full Day	Seattle Greenlake	July 20-24	9am-12pm
Seattle University *Extra Hour Stay & Play	June 29-July 3	9am-5pm Full Day*	Seattle Greenlake	July 20-24	1pm-4pm
Seattle Loyal Heights	July 6-10	9am-12pm	Seattle Greenlake *Extra Hour Stay & Play	July 20-24	1pm-5pm*
Seattle Loyal Heights	July 6-10	1pm-4pm	Seattle Greenlake	July 20-24	9am-4pm Full Day
Seattle Loyal Heights *Extra Hour Stay & Play	July 6-10	1pm-5pm*	Seattle Greenlake *Extra Hour Stay & Play	July 20-24	9am-5pm Full Day*
Seattle Loyal Heights	July 6-10	9am-4pm Full Day	Seattle Greenlake	August 3-7	9am-12pm
Seattle Loyal Heights *Extra Hour Stay & Play	July 6-10	9am-5pm Full Day*	Seattle Greenlake	August 3-7	1pm-4pm
Queen Anne Bowl	July 13-17	9am-12pm	Seattle Greenlake *Extra Hour Stay & Play	August 3-7	1pm-5pm*
Queen Anne Bowl	July 13-17	1pm-4pm	Seattle Greenlake	August 3-7	9am-4pm Full Day
Queen Anne Bowl *Extra Hour Stay & Play	July 13-17	1pm-5pm*	Seattle Greenlake *Extra Hour Stay & Play	August 3-7	9am-5pm Full Day*
Queen Anne Bowl	July 13-17	9am-4pm Full Day	Seattle Loyal Heights	August 17-21	9am-12pm
Queen Anne Bowl *Extra Hour Stay & Play	July 13-17	9am-5pm Full Day*	Seattle Loyal Heights	August 17-21	1pm-4pm
Seattle View Ridge	July 13-17	9am-12pm	Seattle Loyal Heights *Extra Hour Stay & Play	August 17-21	1pm-5pm*
Seattle View Ridge	July 13-17	1pm-4pm	Seattle Loyal Heights	August 17-21	9am-4pm Full Day
Seattle View Ridge *Extra Hour Stay & Play	July 13-17	1pm-5pm*	Seattle Loyal Heights *Extra Hour Stay & Play	August 17-21	9am-5pm Full Day*

THREE NIGHT RESIDENT CAMP – Camp Waskowitz, North Bend Rate includes camp t-shirt & soccer ball.

1 child \$425.00 Same Family - 2nd child \$415.00 Team Rate: \$415.00

JR ADVANCED (9-12 YEARS)			
Three Night Camp	June 24-27	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	July 26-29	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 9-12	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 12-15	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

ADVANCED (13-17 YEARS)			
Three Night Camp	June 24-27	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	July 26-29	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 9-12	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 12-15	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

Roomate Request: 1st Choice: _____ 2nd Choice: _____

FIVE NIGHT RESIDENT CAMP – Camp Waskowitz, North Bend Rate includes camp t-shirt & soccer ball.

1 child \$645.00 Same Family - 2nd child \$625.00 Team Rate: \$625.00

JR ADVANCED (9-12 YEARS)			
Five Night Camp	July 5-10	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

ADVANCED (13-17 YEARS)			
Five Night Camp	July 5-10	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

Roomate Request: 1st Choice: _____ 2nd Choice: _____

SIX NIGHT RESIDENT CAMP – Camp Waskowitz, North Bend Rate includes camp t-shirt & soccer ball.

1 child \$765.00 Same Family - 2nd child \$745.00 Team Rate: \$745.00

JR ADVANCED (9-12 YEARS)			
Six Night Camp	Aug. 9-15	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

ADVANCED (13-17 YEARS)			
Six Night Camp	Aug. 9-15	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

Roomate Request: 1st Choice: _____ 2nd Choice: _____

PAYMENT INFORMATION

TOTAL CAMP FEES \$ _____ **Payment Type:** Check Visa Mastercard

Credit Card# _____ **Ex. Date** ___ \ ___ \ ___

NAME ON CREDIT CARD: _____ **Signature:** _____

AUTHORIZATION AND HOLD HARMLESS: I, _____ (**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 participation in Peter 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 insurance (required for camp attendance). In consideration of the instruction my child will receive regarding soccer, I agree 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. 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 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.

Parents signature: _____ Date: _____ / _____ / _____

Chronic Medical Conditions (asthma, allergies): _____

Medications: _____

Medical Insurance (required): _____ Policy #: _____

Please 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 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@peterfewingsocccercamp.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.

Leaving Camp Early- No refunds or credits will be given for no-shows or for leaving camp early for any reason.

FOR OFFICIAL USE ONLY

Confirmation sent, Date ___ / ___ / ___ Email Mail Faxed

Mail or Email Form to: Peter Fewing Soccer Camp, LLC | P.O. Box 70371 | Seattle, WA 98127
(206) 547-4143 • (888) 547-4143 • Email: peterfewing@peterfewingsocccercamp.com