



2021 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.

PETER FEWING SOCCER DAY 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 21-25	9am-12pm
Seattle Greenlake	June 21-25	1pm-4pm
Seattle Greenlake *Extra Hour Stay & Play	June 21-25	1pm-5pm*
Seattle Greenlake	June 21-25	9am-4pm Full Day
Seattle Greenlake *Extra Hour Stay & Play	June 21-25	9am-5pm Full Day*
Seattle University	June 28-July 2	9am-12pm
Seattle University	June 28-July 2	1pm-4pm
Seattle University *Extra Hour Stay & Play	June 28-July 2	1pm-5pm*
Seattle University	June 28-July 2	9am-4pm Full Day
Seattle University *Extra Hour Stay & Play	June 28-July 2	9am-5pm Full Day*
Seattle Loyal Heights	July 5-9	9am-12pm
Seattle Loyal Heights	July 5-9	1pm-4pm
Seattle Loyal Heights *Extra Hour Stay & Play	July 5-9	1pm-5pm*
Seattle Loyal Heights	July 5-9	9am-4pm Full Day
Seattle Loyal Heights *Extra Hour Stay & Play	July 5-9	9am-5pm Full Day*
Seattle University	July 5-9	9am-12pm
Seattle University	July 5-9	1pm-4pm
Seattle University	July 5-9	1pm-5pm*
Seattle University	July 5-9	9am-4pm Full Day
Seattle University *Extra Hour Stay & Play	July 5-9	9am-5pm Full Day*
Queen Anne Bowl	July 12-16	9am-12pm
Queen Anne Bowl	July 12-16	1pm-4pm
Queen Anne Bowl *Extra Hour Stay & Play	July 12-16	1pm-5pm*
Queen Anne Bowl	July 12-16	9am-4pm Full Day
Queen Anne Bowl *Extra Hour Stay & Play	July 12-16	9am-5pm Full Day*

Seattle View Ridge	July 12-16	9am-12pm
Seattle View Ridge	July 12-16	1pm-4pm
Seattle View Ridge	July 12-16	1pm-5pm*
Seattle View Ridge	July 12-16	9am-4pm Full Day
Seattle View Ridge*Extra Hour Stay & Play	July 12-16	9am-5pm Full Day*
Seattle Greenlake	July 19-23	9am-12pm
Seattle Greenlake	July 19-23	1pm-4pm
Seattle Greenlake *Extra Hour Stay & Play	July 19-23	1pm-5pm*
Seattle Greenlake	July 19-23	9am-4pm Full Day
Seattle Greenlake *Extra Hour Stay & Play	July 19-23	9am-5pm Full Day*
Seattle Greenlake	August 2-6	9am-12pm
Seattle Greenlake	August 2-6	1pm-4pm
Seattle Greenlake *Extra Hour Stay & Play	August 2-6	1pm-5pm*
Seattle Greenlake	August 2-6	9am-4pm Full Day
Seattle Greenlake *Extra Hour Stay & Play	August 2-6	9am-5pm Full Day*
Seattle Loyal Heights	August 16-20	9am-12pm
Seattle Loyal Heights	August 16-20	1pm-4pm
Seattle Loyal Heights *Extra Hour Stay & Play	August 16-20	1pm-5pm*
Seattle Loyal Heights	August 16-20	9am-4pm Full Day
Seattle Loyal Heights *Extra Hour Stay & Play	August 16-20	9am-5pm Full Day*
Seattle Greenlake	August 23-27	9am-12pm
Seattle Greenlake	August 23-27	1pm-4pm
Seattle Greenlake *Extra Hour Stay & Play	August 23-27	1pm-5pm*
Seattle Greenlake	August 23-27	9am-4pm Full Day
Seattle Greenlake *Extra Hour Stay & Play	August 23-27	9am-5pm Full Day*

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

1 child \$435.00 Same Family - 2nd child \$425.00 Team Rate: \$425.00

JR ADVANCED (9-12 YEARS)			
Three Night Camp	June 27-30	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	July 25-28	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 8-11	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 11-14	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

ADVANCED (13-17 YEARS)			
Three Night Camp	June 27-30	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	July 25-28	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 8-11	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player
Three Night Camp	Aug. 11-14	<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 \$665.00 Same Family - 2nd child \$645.00 Team Rate: \$645.00

JR ADVANCED (9-12 YEARS)			
Five Night Camp	July 11-16	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

ADVANCED (13-17 YEARS)			
Five Night Camp	July 11-16	<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 \$785.00 Same Family - 2nd child \$765.00 Team Rate: \$765.00

JR ADVANCED (9-12 YEARS)			
Six Night Camp	Aug. 8-14	<input type="checkbox"/> Goal Keeper	<input type="checkbox"/> Field Player

ADVANCED (13-17 YEARS)			
Six Night Camp	Aug. 8-14	<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