

2010 ABOVE AND BEYOND SOCCER ACADEMY APPLICATION

General Information (Please Print)

Camper's name _____ M/F (circle) Birth date _____ Age at camp _____
 Camper's T-Shirt Size (circle) YS YM YL AS AM AL AXL
 Parent/Guardian's Name _____ Relationship _____
 Mailing Address _____ City _____ State _____ Zip _____
 Parent/Guardian's email _____

Sessions:

HS/College Prep	Boys & Girls Ages 14-18	June 25-29	\$495 Resident _____	\$360 Commuter _____
Player Position:	Field Player _____ GoalKeeper _____	Roommate Preference _____	(residents only)	

Academy Session I	Boys & Girls Ages 7-13	June 7-10	\$210 Full _____	\$125 Half _____
Academy Session II	Boys & Girls Ages 7-13	June 28-July 1	\$210 Full _____	\$125 Half _____
Academy Session III	Boys & Girls Ages 7-13	July 19-22	\$210 Full _____	\$125 Half _____

Junior Session I	Boys & Girls Ages 5-6	June 7-10	(9:00AM—Noon)	\$125 Half _____
Junior Session II	Boys & Girls Ages 5-6	June 28-July 1	(9:00AM—Noon)	\$125 Half _____
Junior Session III	Boys & Girls Ages 5-6	July 19-22	(9:00AM—Noon)	\$125 Half _____

Allergic Reactions (drugs, food, asthma...) No Yes If yes, please list: _____
 Taking any medication at this time? No Yes If yes, please list: _____
 Father's Name _____ Mother's Name _____
 Father's Home/Cell # _____ Mother's Home/Cell # _____
 Father's Work # _____ Mother's Work # _____
 Insurance Company _____ Insurance Policy Number _____

NOTE: No camper will be permitted to leave the Camp without written consent from his/her parent/guardian.

Parental Consent Form:

PARENT/GUARDIAN: In accordance with the rules of the Rhodes Above and Beyond Camp, I hereby give my consent for the aforementioned camper to participate in the soccer camp and all related camp activities. If at any time it is necessary for the aforementioned camper to receive outside or professional medical attention, I hereby give my consent to the camp to secure services of the physical or medical facility selected and to secure transportation as is deemed necessary. I will not hold the camp responsible for any benefits beyond their camp medical insurance program and will secure adequate family insurance coverage if additional protection is desired.

SIGNATURE of PARENT/GUARDIAN: _____ Date: _____

Payment:

_____ \$75.00 minimum deposit (balance due 14 days prior to camp session) Full Payment if applying less than 14 days to camp
 Session *\$25.00 late fee for balance paid less than 14 days prior to camp*
 _____ \$15.00 - I would like to purchase a camp ball _____ size 5 _____ size 4 _____ size 3 (junior only)
One discount per camper/ -per application; No Half Day discount -see Camp Reminders for discount details
 _____ Brother/Sister Discount (per child: \$75 HS/College Prep; \$50 Academy) Sibling's Name _____
 _____ Team Discount (per player – **MUST SUBMIT TOGETHER:** \$75 HS/College Prep; \$50 Academy)
 Team Name _____
 _____ Rhodes Employee Discount (per child: \$75 HS/College Prep; \$50Academy - please provide Rhodes email address)
 \$ _____ Total Enclosed
 \$ _____ Remaining Balance Due (14 days prior to camp session) *\$25.00 late fee for balance paid less than 14 days prior to camp*
 Cancelled check is your initial application confirmation _____ Check here if you would like a confirmation emailed to you

For a campus map, information about what to bring to camp and pick-up and drop off procedure visit our website at www.aboveandbeyondsoccer.com . You may also contact Andy Marcinko at 901-843-3948 or marcinko@rhodes.edu.

Please make checks payable to : AB Soccer

Applications will be accepted until camps are full. Balance due 14 days prior to camp session.

Mail to: **Above and Beyond Soccer Academy**

Rhodes Soccer Office, 2000 N. Parkway, Memphis, TN 38112

For Office Use Only

Deposit Received _____	Date _____	Check # _____	Balance Due _____
Balance Received _____	Date _____	Check # _____	Balance Due _____