

SOCCER CAMPS

@ THE FAIRFAX SPORTSPLEX

2009 Summer Day Camps

Times: 9:00 A.M. to 3:00 P.M. Early drop off at 8:30A and late pick up is available until 5:00P*

Week 1.	June 22 nd – 26 th	Week 2.	June 29 th – July 3 rd
Week 3.	July 6 th – 10 th	Week 4.	July 20 th – July 24 th
Week 5.	Aug. 3 rd – Aug. 7 th	Week 6.	Aug. 24 th – 28 th

FEE SCHEDULE Day Camps - \$175 per session per person –Bring your lunch, shin guards, indoor shoes, & ball. (*Late Pick-up available at \$5/ hour per child. Fee must be paid in advance at the beginning of each week when you register on Monday morning. (Early drop off at 8:30 AM is no charge) The on site registration starts at 8:30AM on the Monday mornings of each week of camp.

DISCOUNTS: (Club/Multiple Weeks/Family Members for Day Camps only) –

Family Discount -\$20 discount per extra family member per week.

Teams Discount -\$20 discount per player for 10 players or more per week.

Club Discount - \$20 discount per player per week for 10 or more players from the same soccer club.

Only one discount program will apply.

Call for special Fairfax Sportsplex area business and community discounts.

FACILITIES: FOR SUMMER WE HAVE **AIR-CONDITIONED LUNCH ROOMS AND TV / BREAK ROOMS.** THE SPORTSPLEX HAS RESTROOMS, WATER FOUNTAINS AND ICE ON HAND. PLAYERS CAN PURCHASE SNACKS, DRINKS AND EMERGENCY LUNCHES.. DURING SUMMER HOT WEEKS WE UTILIZE THE EDSALL PARK SWIM CLUB ONE AFTERNOON A WEEK FOR THOSE WITH PERMISSION TO SWIM.

Fairfax Sportsplex

2009 Camp Application

Name: _____ Birth date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

EMAIL ADDRESS: _____

Home Tel: _____ Sex: _____ School: _____ Grade: _____

Father's Name: _____ Cell /Bus Tel.: _____

Mother's Name: _____ Cell/Bus Tel.: _____

Club _____ Team Name: _____

Summer Day Camp — (circle the weeks you want to attend)

Weeks: 1 2 3 4 5 6

PERMISSION TO SWIM DURING SUMMER CAMPS? Yes or No

PERSONS TO CONTACT IN CASE OF EMERGENCY & IN CASE PARENTS CANNOT BE REACHED:

Name: _____ Tel. _____ Relationship: _____

Name: _____ Tel. _____ Relationship: _____

In case of an emergency, if I cannot be contacted, I give permission for my child to receive emergency medical treatment. I waive and release Fairfax Sportsplex, TASC, TAFC, Skill Builders Academy, staff and officials from all liability for any injuries and illnesses incurred while at camp. My child is covered by insurance provided by _____

Parents Signature: x _____ Date: _____

NOTE: A **non-refundable deposit of \$50** must accompany this application. Confirmations will be sent by email or by fax if fax number is provided. Call 703-300-6074 for details or 703-750-9521.

All checks are to be made payable to the Fairfax Sportsplex

Mail or deliver checks to the Fairfax Sportsplex, 6800 Commercial Dr. Springfield, VA 22151

Attention camp Director, Larry Dunn

Fax information requests to 703-852-7283

or email to LCD8326@aol.com.

www.FAIRFAXSPORTSPLEX.com