

# Team America

## Spring Break Soccer Camp

### 2017 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: \_\_\_\_\_

## Team America Spring Break Camp

**Monday, April 10<sup>th</sup> through Friday April 14<sup>th</sup>**

**FEE SCHEDULE Day Camps - \$165 per person** –Bring your lunch, shin guards, indoor shoes & ball.  
(\*Late Pick-up available at \$5/ hour per child per day. Fee must be arranged in advance at the beginning of the week. (Early drop off at 8:30 AM, no charge)

**Groups, teams or clubs of 12 or more \$135 per person.**

**SPECIAL NOTE: A non-refundable \$50 per person deposit needed to guarantee a spot.** Confirmations will be sent by email. Call 703-307-4213.

**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, TASF, TAFC, staff and officials from all liability for any injuries and illnesses incurred while at camp.

Parents Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

**All checks are to be made payable to Team America**

Mail Forms and Checks: Team America, P.O. Box 6052, Springfield, VA 22150

or email to LARRY.DUNN@TeamAmericaFC.com

For additional information call Team America at 703-298-1628 or Larry Dunn at 703-307-4213  
for Spanish call Chiqui Caceres 703--220-1697