



# Direct Kick Soccer Camp

FAIRPORT VARSITY SOCCER SECTION V CHAMPIONS: 1996—1997—1998—2007—2008—2009

<p><b>DKSC COST</b> Mighty Mites &amp; Juniors \$135 per camper Little Tykes \$60 per camper</p>	<p><b>FAMILY DISCOUNT</b> Mighty Mites &amp; Juniors only \$110 — 2nd CHILD \$60 — 3rd CHILD <b>Dates:</b> July 11-15, 2011 <b>Location:</b> Fairport High School Turf &amp; Grass Field</p>
<p><b>Make checks payable to:</b> Fairport Boys' Soccer Booster Club <b>Mail to:</b> DKSC 2466 Turk Hill Rd. Victor, NY 14564</p> <p style="text-align: right;"><i>any questions:</i> Cathy Cypher, Registrar 223-8848 cathy_cypher</p>	

## 2011 DKSC ONLINE REGISTRATION FORM

one registration per camper

DOB: \_\_\_ / \_\_\_ / \_\_\_ AGE: \_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ GENDER: M / F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ POLICY HOLDER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Place Check all appropriate boxes:**

- Mighty Mites ages 7-10 July 11-15, 2011 - 8am-2pm
- Juniors ages 11-15 July 11-15, 2011 - 8am-2pm
- Little Tykes ages 5-7 July 11-15, 2011 - 9am-11am

**FAMILY DISCOUNT** Mighty Mites & Juniors  
(same family only to apply)

- Child #2
- Child #3
- Child #4

It is understood that the Direct Kick Soccer Camp and all its employees are not responsible for accidents resulting in medical, dental and/or other expenses including but not limited to the loss of personal items. It is my intention by my signature that the Direct Kick Soccer Camp and all its employees be completely released and that I assume all risks to the extent permitted by law. The camper must be in good physical and mental health and be able to participate in the physical activity of a vigorous program. In the event the camper needs to see a physician or requires emergency hospital care, the parent/guardian's personal medical insurance is responsible for all costs incurred. I give my consent to the Direct Kick Soccer Camp, using their best judgment, to administer First-Aid and/or transport to a facility for medical treatment if I or the emergency contact person can not be reached.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date