

2007 ROCKY MOUNTAIN SOCCER CAMP APPLICATION

NAME _____ AGE (As of Camp Date) _____ M/F _____ BIRTHDAY ____/____/____ TEAM/DIVISION _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____ E-MAIL _____
 ROOMMATE PREFERENCE #1 _____ #2 _____ #3 _____ #4 _____

2007 CAMP SCHEDULE – BOYS AND GIRLS

X	TYPE	DATE	CAMP/LOCATION	TIME	AGES	COST	COMBO	MAX #
	MINI	June 18-22	WESTMINSTER, CO – Westfield Village Park	9:00 - 11:00 am	5-14	\$69.00		120 Campers
	MINI	June 18-22	LAKEWOOD, CO– Lakewood Park	1:00 - 3:00 pm	5-14	\$69.00		120 Campers
	DAY	June 25-29	COMPLETE PLAYER DAY CAMP – Denver Kickers Club - Golden, CO	9:00 am – 2:00 pm	9-14	\$205.00		48 Campers
	DAY	June 25-29	GOALKEEPER DAY CAMP – Denver Kickers Club - Golden, CO	9:00 am – 2:00 pm	9-14	\$205.00		12 Keepers
	LIVE-IN	July 5-7	3v3 SPECIALTY CAMP – Victor, CO	3pm Thu-3pm Sat	8-14	\$250.00		36 Campers
	LIVE-IN	July 9-12	HIGH SCHOOL SOCCER CAMP – Victor, CO	1pm Mon-12:45pm Thu	14-17	\$350.00		Limited Space
	LIVE-IN	July 9-12	GOALKEEPER CAMP – Victor, CO	1pm Mon-12:45pm Thu	14-17	\$350.00		Register Early
	LIVE-IN	July 12-14	CREATIVE ATTACKING SPECIALTY CAMP – Victor, CO	3pm Thu-3pm Sat	14-17	\$250.00	\$550.00	24 Campers
	LIVE-IN	July 16-19	ADVANCED OPEN CAMP #1– Victor, CO	1pm Mon-12:45pm Thu	11-13	\$350.00		Limited Space
	LIVE-IN	July 19-21	STRICTLY 1v1 SPECIALTY CAMP – Victor, CO	3pm Thu-3pm Sat	11-13	\$250.00	\$550.00	24 Campers
	LIVE-IN	July 23-26	ADVANCED OPEN CAMP #2– Victor, CO	1pm Mon-12:45pm Thu	11-13	\$350.00		Register Early
	LIVE-IN	July 26-28	GOAL SCORING SPECIALTY CAMP – Victor, CO	3pm Thu-3pm Sat	11-13	\$250.00	\$550.00	18 Campers
	LIVE-IN	July 26-28	GOALKEEPING SPECIALTY CAMP – Victor, CO	3pm Thu-3pm Sat	11-13	\$250.00	\$550.00	6 Keepers
	LIVE-IN	July 30-Aug 2	JUNIOR OPEN CAMP – Victor, CO	1pm Mon-12:45pm Thu	8-10	\$350.00		Limited Space
	LIVE-IN	August 2-4	COMPLETE CONTROL SPECIALTY CAMP – Victor, CO	3pm Thu-3pm Sat	8-10	\$250.00	\$550.00	24 Campers
	MINI	August 6-10	GRAND JUNCTION, CO – Chatfield Soccer Complex	9:00 – 11:00 am	5-14	\$69.00		120 Campers

CAMP COMBO: Add a SPECIALTY CAMP to a HS or an OPEN CAMP and pay only \$550.00 for BOTH!

CHECK AMOUNT ENCLOSED

NONREFUNDABLE MINI-CAMP PAYMENT: \$69.00 _____ **NONREFUNDABLE** DAY-CAMP DEPOSIT: \$100.00 _____ DAY-CAMP FULL PAYMENT: \$205.00 _____
NONREFUNDABLE LIVE-IN CAMP DEPOSIT: \$ 150.00 _____ LIVE-IN CAMP FULL PAYMENT: \$350.00 _____ SPECIALTY CAMP FULL PAYMENT: \$250.00 _____
 COMBO CAMP FULL PAYMENT: \$550.00 _____

LIVE-IN CAMPERS must have a current record of a PHYSICAL EXAMINATION completed by an M.D. (within 24 months of camp date) on file in the RMSC office.
 Please send a copy along with this application if it is available to you. Forms will be sent to you if records are not received with this application.

RELEASE FORM

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and is physically able to participate in said activity. I agree to unconditionally waive and release the ROCKY MOUNTAIN SOCCER CAMPS, INC., their officers, employees, agents, servants and all representatives and sponsors from any injury that my child may sustain or any damage that may be caused to my child's property in connection with any ROCKY MOUNTAIN SOCCER CAMPS, INC. activity. I also authorize and consent to any emergency X-ray examination, medical diagnosis or treatment and hospital care and on the advice of any physician licensed to practice in the state of Colorado or in the United States of America. Parent or guardian signed will be contacted and will be responsible for the health insurance of their child.

Parent/Guardian Signature _____

Please indicate any known ALLERGIES, DISABILITIES, or MEDICAL PROBLEMS: _____
 INSURANCE COMPANY _____ PHONE _____ POLICY or GROUP NUMBER _____
 PARENT/GUARDIAN _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____
 EMERGENCY CONTACT _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____

PAYMENT accepted by Check or Money Order made out to RMSC. NO CREDIT CARDS!

MAIL APPLICATION and PAYMENT TO: Rocky Mountain Soccer Camps, Inc. 398 Bristlecone Circle Bailey, CO 80421-1211

(For Office Use Only)

CHECK #1	DATE RECEIVED	NAME	AMOUNT \$	BALANCE \$
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