



Santa Clara YSL
July 19-July 23 Code: 73064 or Aug 2-Aug 6 Code: 81051
Curtis School, 890 Pomeroy Ave., Santa Clara
9am-12pm (6-16 yrs) \$97 Residents
9am-12pm (6-16 yrs) \$117 Non Residents
or 9am-3:30pm (8-16 yrs) \$145 Residents
9am-3:30pm (8-16 yrs) \$170 Non Residents
UK International Soccer Camps 1-888-857-6222
Make Checks Payable to UK International Soccer Camps
PO BOX 1838

Come and be part of 'The Best Possible Soccer Experience'

Player 1 Name: _____ DOB: _____ M F
 Player 2 Name: _____ DOB: _____ M F
 Parent / Guardian Name: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Phone Number: _____ Emergency Number: _____

CAMP DETAILS

Name of Hosting Organization: _____ Camp Code: _____ Date of Camp: _____
 Camp Location: _____ Session Time: _____ Session Price: \$ _____
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CAMP ACCESSORIES

Soccer Ball (\$15 if not included in camp): Size 3 (4-7yrs) Size 4 (8-11yrs) Size 5 (12+yrs) \$ _____
 Shinguards (\$10): XS (4-7yrs) S (8-10yrs) M (11-13yrs) L (14+yrs) \$ _____
 Waterbottle (\$5): \$ _____
 Clinic (\$30) Goalkeeper (8+ yrs) **OR** Striker (8+ yrs) \$ _____
 Family Discount (Deduct \$5 for each additional sibling from your total) -\$ _____
TOTAL AMOUNT ENCLOSED \$ _____

Check (CK# _____)
 Mst Visa Dis CC#: _____ Exp: _____

HOSTING A UK INTERNATIONAL COACH (Optional) May not be available at all camps, check with coordinator

- I am interested in hosting a UK Coach and receiving a FREE week long half day scholarship
- I am interested in the Coach Incentive Program

I certify that my child (ren) is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold UK International Soccer Camps, its servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participation in the camp. Permission is hereby granted to UK International Soccer Camps to use photographs and any video footage of the players in any promotional materials without compensation, plus all mailing and e-mailing addresses for any communications and/or programs. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application.

No refund for cancellation within 14 days of the camp start date. Children who leave during the program due to injury or illness will receive a prorated refund assuming doctors verification is provided. A \$25 handling fee will be required on any and all refunds. Children are enrolled on a first come first serve basis. We can not guarantee enrollment any later than 5 days prior to camp. Should inclement wether or acts of God affect the program any loss hours will be made up later in the camp week. If this is not possible, refunds will not be issued. Camp equipment cannot be guaranteed for players who register less than 10 days prior to camp.

Parent / Guardians Signature: _____

Date: _____