

# 98 APPLICATION FOR BOYS' & GIRLS' CAMPS

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Date of Birth(month/day/year) \_\_\_\_\_

grade(Fall 98)\_\_\_\_\_ Gender M or F

Parent/Guardian (print) \_\_\_\_\_

**Camp Dates** (please check appropriate box)

- RESIDENT** \* grades 10-12\* - Advanced Centre of Excellence  
.....**August 2-7**
- DAY** \*grades 10-12\* - Advanced Centre of Excellence  
.....**July 20-24**
- RESIDENT** \*grades 7-9\* - Advanced Centre of Excellence  
.....**July 26-31**
- DAY** \*grades 7-9\* - Advanced Centre of Excellence  
.....**July 20-24**
- 1/2 DAY** \*grades K-6\* - Elementary School Centre  
.....**April 6-10**    .....**July 13-17**    .....**July 20-24**

**Goalkeeper Training**

**Roommate Request:** \_\_\_\_\_

**T-Shirt Size:**      YL      YXL      AM      AL      AXL

**Short Size** (resident campers only):      AS      AM      AL

<b><u>TUITION</u></b>	<b><u>by May 1st</u></b>	<b><u>after May 1st</u></b>
*Resident	\$550	\$575
Day	\$250	\$260
Elementary	(Spring) \$150	\$160

**\* Resident campers may reserve a space with a \$75 deposit**

**Total Amount Enclosed:** \_\_\_\_\_

**How did you hear of us?** \_\_\_\_\_

I hereby authorize the staff of the above named camp to act for me according to their best judgement in any emergency requiring medical attention, and I hereby release the camp from any and all liability for any physical injuries or illness that may occur to the above named camper at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program as outlined in the brochure. My signature on this waiver also states that the above named camper is covered by my personal medical insurance policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail to:**  
**Stanford Soccer Centres of Excellence**  
**Dept. of Athletics**  
**Stanford, CA 94305-6150**