



Valley Association Football Club

Roanoke, Virginia

Soccer Camp (ages 6-14) 2010 Registration

Soccer Camp is the perfect way to introduce a young player to soccer or help any player get ready for the fall season. Players are grouped by age and ability for skills building and scrimmages. Instructors include Valley AFC professional staff and coaches, assisted by college and high school players – all directed and supervised by Valley AFC Arsenal Travel Staff.

Dates: 7/26/10 through 7/29/10 (4 sessions)
Times: 6 & 7 Year Olds: 9:00 am to 10:30 am
8 – 14 Year Olds: 9:00 am to 12:00 pm
Location: Merriman Soccer Complex
Cost: 6 & 7 Year Olds: \$55
8 – 14 Year Olds: \$100
(*Includes T-Shirt)
Registration Deadline: July 16, 2010
Camp Director: John Faircloth, Valley AFC Director of Soccer

Player Name: _____ Gender _____

Age (as of July 1, 2010) _____ Date of Birth _____

Shirt size (circle one):

YS 6-8 YM 10-12 YL 14-16 Adult S Adult M Adult L

Parent's Name _____

Street Address _____

City/Zip _____

Phone Number (H) _____ (W) _____

(Cell) _____ E-Mail _____

Emergency Contact _____ Phone _____

LIABILITY RELEASE AND CONSENT FOR MEDICAL TREATMENT

As the parent or guardian of the player enrolled in Valley AFC's Soccer School program, I understand that soccer is at times a physical, contact sport. I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Valley AFC, Inc. and its directors, employees, and staff from any claim, suit, demand or action arising in connection with the player's participation.

Personal medical insurance is required. If the player requires medical attention, every effort will be made to contact the player's parent/guardian or emergency contact. In the case of an emergency the player may be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Valley AFC, Inc. for medical services provided.

I have read and accept the Valley AFC Policy Statement above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Mail registration form and payment made payable to 'Valley AFC' to:
P.O. Box 20045, Roanoke, VA 24018