

Charles Morrow's Lipscomb Bison Soccer Camp - 2014

Please Check Camp of Your Choice:

- June 16-20 Day Camp** (Ages 4-12: Boys Only) **Full Day:** \$245 **Half Day:** \$180
 July 21-25 Day Camp (Ages 4-12: Boys Only) **Full Day:** \$245 **Half Day:** \$180
 June 25-27 Goalkeeper Camp (Ages 12-18: Boys Only) **Residential:** \$350 **Commuter:** \$300
 July 10-12 Goalkeeper Camp (Ages 12-18: Boys Only) **Residential:** \$350 **Commuter:** \$300
 July 13-16 Advanced Individual / Team Camp (Ages 10-18: Boys Only) **Residential:** \$435 **Commuter:** \$385
 June 8-12 Lipscomb Nike ID Camp (Rising HS Freshman-Rising Seniors: Boys Only) **Residential:** \$525 **Commuter:** \$475
 July 6-10 Lipscomb Nike ID Camp (Rising HS Freshman-Rising Seniors: Boys Only) **Residential:** \$525 **Commuter:** \$475
- Team \$20 discount per person (8 + campers submitted together)** **Team or Group Name:** _____
 Family - \$20 discount for each additional family member who attends
 25% Lipscomb University Faculty/Staff Discount for Immediate family per person (no other discounts apply)

*** **Deposit** ***

Advanced / Team Camp, Nike ID, & GK Camp - **\$100** non-refundable deposit must accompany application

Day Camps - **\$50** non-refundable deposit must accompany application

Camper Information:

First Name: _____ Last Name: _____ Gender _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

DOB _____ Age: ____ Grade (August 2013): ____ School: _____ Club: _____

Check Your Position: Field Player or Goalkeeper

How did you hear of us? _____

Parent-Guardian Emergency Information

Parent/Guardian Name: _____ Work # _____ Cell # _____

Contact E-mail Address: _____ (we will send camp confirmation via Email)

Roommate Preference (resident campers only) Name: _____

Soccer Ball and Camp T-Shirt are included in the cost of tuition

Ball Size (check one): Size 4 (Under 12 years old) Size 5 (12 years and older)

T-Shirt Size (check one): **YOUTH** Small Medium Large **ADULT** Small Medium Large X-Large

◆◆◆ Check Online For Complete Camp Information At ◆◆◆

www.lipscombsoccercamps.com

Release of Liability and Authorization for Medical Treatment

In consideration of my child being permitted to participate in the Lipscomb Soccer Camp, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in the Camp and in the circumstances to which my child may be exposed during participation in the Camp, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my child's participation in the Camp; and Further I do for myself and my child's personal representative(s), heirs and assigns, hereby agree to defend, hold harmless, indemnify, release and forever disparage Lipscomb University, and all its officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my child's participation in said Camp which results from causes beyond the control of a, and without the fault or negligence of, Lipscomb University, its officers, agents or employees, during the period of my child's participation in the Camp. Further, I hereby grant permission to the camp director and/or other school officials the right to seek and /pr administer appropriate medical aid to my child in the event of an emergency. In witness whereof, I have caused this Assumption of Risk, Release and Medical Authorization to be executed this ____ day of ____ 2014.

Insurance Company: _____ Family Doctor _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

(Please enclose a photo copy of your insurance card front and back)

Payment: Return completed application form and tuition payment to:

Lipscomb Soccer Camp

1 University Park Drive Nashville, TN 37204

Call or email with any questions: (615) 966-5624 ryan.wehking@lipscomb.edu