



# Champions Soccer Camp 2019 Camp Application



## Summer Session Schedule :

Session 1 July 29 – Aug 2

Session 2 Aug 5 – Aug 9

**Child's name:** \_\_\_\_\_

Age: \_\_\_\_\_ Level:  Beginner  Intermediate  Advanced

**Child's name:** \_\_\_\_\_

Age: \_\_\_\_\_ Level:  Beginner  Intermediate  Advanced

**Child's name:** \_\_\_\_\_

Age: \_\_\_\_\_ Level:  Beginner  Intermediate  Advanced

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

E-mail address: \_\_\_\_\_ (please write clearly)

Physician's name: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Allergies or restrictions: \_\_\_\_\_

Any other comments \_\_\_\_\_

*I hereby grant permission for my child and any other family member to participate in Craig Breslin's Champions Soccer Camp (CBCSC). I believe and do not hold liable the camp or its employees from claims of any damager or injuries received in activities of the CBCSC. In the event that I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetic, medical and surgical treatment that may be rendered, based on the recommendation of the nearest physician and medical facility.*

Parent's signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please make check payable to Craig Breslin, and mail with application to:**

**Craig Breslin's Champions Soccer Camp  
63 Cottonwood Drive  
San Rafael, CA 94901**