



### 2019 Elite Team and Individual Week Application

Name \_\_\_\_\_ Age: \_\_\_\_\_

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

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Individual \_\_\_\_\_ or Team: \_\_\_\_\_

\_\_\_\_\_ Residential Camper TEAM \_\_\_\_\_

\_\_\_\_\_ Residential Camper Individual \$325

ROOM Mate Request: \_\_\_\_\_

\_\_\_\_\_ Commuter Camper TEAM : \_\_\_\_\_

\_\_\_\_\_ Commuter Camper Individual \$225

\_\_\_\_\_ Field Player \_\_\_\_\_ Goalkeeper

T-shirt size: YM- YL-S-M-L-XL

*A \$50 Non Refundable Application Fee must accompany this application.*

*INDIVIDUAL CAMPERS REGISTER BY JULY 9, and GET AN EARLY BIRD DISCOUNT and Pay the team Rate!*

**Fees:**  
**Resident Players:**  
\$325 Per Player  
**For Commuter Individual:**  
\$225per player

#### Medical Information

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Work Phone Home Phone

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Work Phone Home Phone

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Camper's Physician Phone

\_\_\_\_\_  
Date of last Tetanus Toxoid

#### Waiver Statement

All campers must have their own medical coverage. The camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the camper.

\_\_\_\_\_  
Camper's Insurance Company

\_\_\_\_\_  
Policy Holder Policy Number

I give my written permission for my child to be treated by a doctor if necessary. He/she is physically fit according to our family doctor.

\_\_\_\_\_  
Signature of Parent or Guardian and date.

**Return Application to:**  
**The Runnin' Bulldog Soccer Academy**  
**105 Carters Grove Road**  
**Boiling Springs, NC 28017**