



2021 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