



boulder county **FORCE**

2009 SUMMER CAMP

Registration Form / \$100.00 per session

Name: _____

Age: _____ Boy: _____ Girl: _____

Email (For Registration Confirmation): _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

LOCATION: Pleasant View Soccer Complex, Boulder BRING: Sunscreen, water, snack

Session 1: June 15-19 • Competitive Camp - 9-13 year old Boys / 9AM-Noon

Session 2: June 22-26 • Competitive Camp - 9-13 year old Girls / 9AM-Noon

Session 3: July 13-17 • Developmental Camp - 6-11 year old Boys & Girls / 9AM-Noon

Session 4: July 20-24 • All Levels Camp - 6-13 year old Boys & Girls / 9AM-Noon

Session 5: July 27-31 • Red Team Camp – U11-U14 Boys & Girls / 9AM-Noon

Session 6: July 27-31 • Competitive U15-U18 Girls Camp / 4PM-7PM

Session 7: Aug. 3-7 • Advanced Teams Camp – U11-U14 Boys & Girls / 9AM-Noon

Circle Session(s) : 1 2 3 4 5 6
NUMBER OF SESSIONS _____ **x \$100.00 = TOTAL PAYMENT** _____

Send Payment to: Boulder County Force 2769 Iris Ave, Suite #115 Boulder, CO 80304

Visa or Mastercard Payment: # _____

Expiration Date: _____ **3 Digit Security # (back of card):** _____

Name as appears on card: _____

Credit Card Billing Address: _____

Parent's Release for Medical Treatment:

I (parent/legal guardian) _____ authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for (child's name): Medical Insurance Carrier: _____

Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

Name of physician: _____ Physician's phone () _____