



ALLIANCE

COMMUNITY

CHARACTER

PASSION

ACHIEVEMENT



Please complete this registration form carefully. Mail in completed registration form to: Boulder County Force 2769 Iris Ave #115, Boulder, CO 80304. Registration can be faxed to (720) 406-1566. If you have additional questions please contact Camp Director Adam Hayes at adam.hayes@bcforce.com

2010 SUMMER CAMP REGISTRATION FORM

Name: _____ Age: _____ Sex: M F

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: () _____ Cell phone: () _____

E-Mail (required, print carefully): _____

Parent/Guardian Name(s): _____

T-shirt Size: Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

SUMMER CAMP

Location: Pleasant View Soccer Complex, 3801 47th St., Boulder, CO 80301

| Camp Dates | Times | Ages | Cost | Register |
|----------------|----------|----------------|-------|--------------------------|
| June 7-10 | 9AM-12PM | 4-14 Years Old | \$100 | <input type="checkbox"/> |
| June 14-17 | 9AM-12PM | 4-14 Years Old | \$100 | <input type="checkbox"/> |
| June 21-25 | 9AM-12PM | 4-14 Years Old | \$125 | <input type="checkbox"/> |
| June 28-July 2 | 9AM-12PM | 4-14 Years Old | \$125 | <input type="checkbox"/> |
| July 5-9 | 9AM-12PM | 4-14 Years Old | \$125 | <input type="checkbox"/> |
| July 12-16 | 9AM-12PM | 4-14 Years Old | \$125 | <input type="checkbox"/> |
| July 19-23 | 9AM-12PM | 4-14 Years Old | \$125 | <input type="checkbox"/> |

SUMMER SPECIALTY CAMP

Location: Pleasant View Soccer Complex, 3801 47th St., Boulder, CO 80301

SPARQ CAMP (Speed, Power, Agility, Reaction, Quickness)

| Camp Dates | Times | Ages | Cost | Register |
|---------------------------|-------|-----------------|-------|--------------------------|
| July 5, 7, 12, 14, 19, 21 | 5-6PM | 10-13 Years Old | \$125 | <input type="checkbox"/> |
| July 5, 7, 12, 14, 19, 21 | 6-7PM | 14-18 Years Old | \$125 | <input type="checkbox"/> |

STRIKERS CAMP

| Camp Dates | Times | Ages | Cost | Register |
|---------------------------|-------|-----------------|-------|--------------------------|
| July 6, 8, 13, 15, 20, 22 | 5-6PM | 10-14 Years Old | \$125 | <input type="checkbox"/> |

DEFENDERS CAMP

| Camp Dates | Times | Ages | Cost | Register |
|---------------------------|-------|-----------------|-------|--------------------------|
| July 6, 8, 13, 15, 20, 22 | 6-7PM | 10-14 Years Old | \$125 | <input type="checkbox"/> |

TOTAL AMOUNT ENCLOSED: \$

Method of payment: Check Credit Card (Visa, MasterCard)

If paying by credit card, please provide the following information:

Credit Card #: _____ Exp. Date: _____ 3-digit security code: _____

Name as it appears on card: _____

Billing Address: _____ Zip Code: _____

Refunds fees will not be granted after 1 week prior to the start of camp as camp staff is hired based on the numbers of registered campers. Due to inclement weather, vouchers for future camps may be granted at the discretion of the camp director.

Waiver & Releases

I (parent/legal guardian) _____ understand that there are risks involved with my child's participation at the Boulder County Force soccer camps. I know of no physical or mental problem that will affect my child's ability to safely participate in this camp. I certify that my child is in good health, and may participate in strenuous physical activities at the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and forever discharge the Boulder County Force, and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the Camp. I 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: _____ Phone: () _____