

Camp Application:

Name _____
 Age _____ Position _____ Yrs. Plyd. _____
 Address _____
 Zip _____ Home Phone _____
 School Currently Attending _____
 _____ Grade next year _____
 Parent's Name _____
 Work # _____ Cell# _____
 In case of emergency, call _____
 Phone _____
 Email _____
 Insurance Company _____
 Policy Number _____
 Coverage: PPC HMO Other _____
 Personal Physician name _____
 Phone _____

T-Shirt size : Adult / Youth (circle one)

Small Medium Large X-Large (circle one)

Make checks payable to: SCOTT DUNCKEL

To Register, Please send the following by 5/20/11:

- 1) This application, personal consent & disclaimer
- 2) Copy of Insurance card
- 3) Camp Fee

Mail to: Providence School, Attention Scott Dunckel, 2701 Hodges Blvd. 32224 or drop off At Providence Upper School Office

Parent Permission And Release of Liability

The undersigned parent, guardian, or legal representative, hereby Consents to the participation of _____ (name of child) in Stallion Soccer Camp and all of its associated activities. For and in consideration of the child being allowed to participate in this camp, and other valuable consideration, the undersigned parent, guardian, or legal representative on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless Scott Dunckel's Stallion Soccer Camp, Providence High School, all organizers of this camp, all volunteers, chaperones, employees, and agents of the said parties, and their personal representatives or assigns from any loss or damage on account of any injury to the person or personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above stated camp and any activities of the camp. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the child, the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this camp to obtain medical treatment for my child in the unlikely event of an injury or illness during this program, and I agree to pay any expenses incurred for such treatment.

(PARENT/GUARDIAN/REPRESENTATIVE)

(DATE)

Scott Dunckel's *STALLION* Soccer Camp @ Providence



****Featuring STEVE McCRATH
Head Coach of Barry University,
Miami.
** Included this year – Keeper
Sessions!!**

**June 6-10, 2011
Cost \$150.00
MS-Varsity Level**

Providence High School Athletic Fields

**Warm Up Period
5:30-6:00pm
Training starts
6:00pm Sharp
Pick Up
8:15-8:30pm**