



PARISI • Rossi • Seamus

Soccer Camp

JULY 27 - 31

9 a.m. - 12 p.m.

\$50 Deposit

REGISTRATION:

Camper Name _____ D.O.B. _____

Member or General Public (Please Circle)

Parent Name _____

Address _____

_____ Phone _____

I understand that full tuition is due for all pre-registered sessions. I understand that if I do not re-register my child with a \$50 deposit per session, a space may not be available. I understand that deposits will not be refunded after July 1, 2009 unless Universal Athletic Club cancels camp for any reason.

Signature of parent
or guardian _____ Date _____



PARISI • Rossi • Seamus Soccer Camp

CONDITIONS AGREEMENT

PAYMENT CONDITIONS

A pre-paid \$50 per week deposit is required to register my child for camp. This \$50 deposit is applied to the tuition payment. All deposits are non-refundable and non-transferable.

I understand that the remaining balance is due on the first Monday of the camp session. Failure to adhere to this payment schedule shall result in immediate withdrawal from the program.

I understand there will be no refunds or reductions of tuition for reasons of absence, withdrawal, illness, or dismissal. **Full tuition is due even if my child does not attend all the days of the session.**

I agree to give the Camp Director a two week notice to withdrawal from the program.

Registration will not be considered complete and we will not hold a space for your child until we have your child's completed forms and registration fee.

PROGRAM CONDITIONS

I grant permission for my child to: Use all program play equipment and materials, participate in all program activities.

LIABILITY WAIVER

I, the undersigned, on behalf of myself, spouse and children, do hereby release Universal Athletic Club, Inc. and all its officers and employees from any liability for any bodily injury and damage to personal property of me and/or my children sustained while participating in programs or classes at Universal's facilities or those sponsored by Universal at other facilities, including (without limitation) injuries sustained during travel. I am aware of the degree of physical activity that my child will be participating in and have received approval to do so by a physician.

Parent Name _____

Camper Name _____ D.O.B. _____

Address _____

_____ Phone _____

Signature of parent
or guardian _____ Date _____