Mike Combs, Director

2023

Playmakers

Soccer Camps

Playmakers Soccer Academy, LLC

7322 Juler Avenue

Cincinnati, OH 45243

(513) 543-8596

[playmakersacademy@hotmail.com](mailto:playmakersacademy@hotmail.com)

www.playmakersacademy.com

# 

**Shape, logo, company name

Description automatically generated Shape, logo, company name

Description automatically generated Shape, logo, company name

Description automatically generated**

**Camp 1**

D**ate: June 12 – 16 Ages: 5-14 Time: 9am-12pm Cost: $70**

Seven Hills HS Lower Soccer Field – 5400 Red Bank Rd. Cincinnati, OH 45227

**Camp 2**

**Date: July 24 – 28 Ages: 5-14 Time: 9am-12pm Cost $70**

Seven Hills HS Lower Soccer Field – 5400 Red Bank Rd, Cincinnati, OH 45227

**Please Check Which Camp Week(‘s) Attending**: Camp 1\_\_\_\_\_\_\_ Camp 2\_\_\_\_\_\_\_ Both Camps \_\_\_\_\_\_\_

**To register, please mail form with payment to the address above**

**Make checks payable to:**

“Playmakers Soccer Camp”

or Venmo

@playmakersacademy1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration forms will also be accepted on the first day of each camp week**

Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

**MEDICAL RELEASE**

I agree that the “Playmakers Soccer Academy, LLC” shall not be liable for any injury or loss, which my children may sustain while participating in this soccer camp, and I agree to indemnify and to hold harmless the “Playmakers Soccer Academy, LLC” from any claim whatsoever. The above applicant is in good health and has my permission to participate in this program. In case of emergency, I grant permission for my son/daughter to be given emergency treatment at a local hospital.

I agree, Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_