Mike Combs, Director

Playmakers Soccer Academy, LLC

7226 Berwood Dr.

Cincinnati, OH 45243

(513) 543-8596

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

www.playmakersacademy.com

# 

**FAIRFAX**  **June 4 - 8**

**June 18 – 22**

 **  **  **  ** 

**Location**

Fairfax Lower Soccer Field - 3847 Southern Ave. Cincinnati, OH 45227

**Cost: $60 half day / $80 full day**

**Times** **Make checks payable to:**

Ages 5-7 9am-12pm $60 per week “Playmakers Soccer Camp”

Ages 8-15 9am-3pm $80 per week

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

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

Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Age: \_\_\_\_\_\_\_ **T-shirt Size YS\_\_\_\_\_ YM\_\_\_\_\_ YL\_\_\_\_\_ AS\_\_\_\_\_ AM\_\_\_\_\_ AL\_\_\_\_\_**

**Please Check One** June 4-8 \_\_\_\_\_\_\_ June 18-22 \_\_\_\_\_\_\_ Both weeks \_\_\_\_\_\_\_

**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_