



# Registration form for West Jersey Dutch Soccer Camp

July 30 – Aug. 3rd, 2018 / AT Harmony Sports Complex

3003 Belvidere Rd./Rte 519 S, Phillipsburg, NJ 08865

**AGES 6 (2011-BIRTH YEAR) AND UP**

- Full day camp (9am to 4 pm, Lunch 12pm-1pm)
- Half day morning camp (9am to 12pm)
- Half day afternoon camp (1pm to 4pm)

**EARLY REGISTRATION/DISCOUNT ENDS FRIDAY JUNE 1<sup>ST</sup>!**

Name \_\_\_\_\_ birth date \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Current Team \_\_\_\_\_

T-shirt size: {Circle one} | Youth or Adult: S M L XL

Complete one:

- Enclosed is \$200 as Full Day(Includes \$10 jersey fee).
- Enclosed is \$105 as Half Day(Includes \$10 jersey fee).
  - Club/Early registration discount is \$180 for a full day. No discounts for half-day campers.
  - Additional multiple family members get \$20 off each.
  - Jersey required for both Day & Half-Day Camp
  - At any time after July 23, 2018 refunds (less the \$25 non-refundable registration fee) will be made for medical reasons only.

I verify that my child has been examined by a licensed physician and is physically able to participate in the sports camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of this claim. I understand that if this application is accepted, there is no refund of the deposit if we (parent or child) should cancel later.

**HOLD HARMLESS AGREEMENT:** It is clear, expressed and the unambiguous intention of the undersigned to release and hold harmless West Jersey SC.; their heirs; successors and assigns; from any and all damages incurred as a result of any act or omission constituting, or asserted to be, negligence, premises liability and similarly related causes of action. (The parties acknowledge having read and understand this release and further acknowledge that this Agreement, including the release was fairly entered into.)

I understand that if this application is accepted, there is no refund of the deposit if we should cancel the application later than June 30, 2018.

Parent's / Guardian signature \_\_\_\_\_



Make checks payable to: West Jersey SC and identify campers name  
Send application with a deposit of \$200(Full day) or \$105(Half day) to:  
West Jersey Soccer Club, 50 Alvin Sloan Ave., Washington, NJ 07882  
For more information Call 908-303-8330 or email [joshua.fink7@gmail.com](mailto:joshua.fink7@gmail.com)

UEFA B & C Licensed Coaches - NEC Nijmegen (Professional Dutch Club)

