

Darci Borski Soccer Academy Camp Registration Form
MAKE CHECKS PAYABLE TO: Suburban Sports Training Center

MAIL TO: **Suburban Sports Training Center**

1032 Conshohocken Road
Conshohocken, PA 19428

Visit us online at www.darciborski.com or www.SuburbanSportsTC.com

Date: _____ **Check #:** _____

Total: _____

Darci Borski Soccer Academy will be held at Suburban Sports Training Center. Campers will receive the knowledge and game skills they need to become a superior soccer player. They will learn how to effectively work with their camp teammates through smallsided games, group decision making sessions, and off field activities. All players will be trained in overall skill and technique development, fundamental offensive and defensive skills, as well as advanced strategies and techniques. Camp costs: \$175.00 which includes a camp ball and shirt. Please bring a water bottle and bag lunch everyday.

Camp Date: July 18-22 2011

Last Name: _____ First Name: _____

Address: _____

Home Phone# (_____) _____ Cell Phone#: (_____) _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Age ____ Sex: M F Email: _____

School Child Attends: _____

Parent/Guardian Name (Print): _____

Medical Problems: _____

Years of Soccer Experience: _____ Travel Experience: _____

MEDICAL INSURANCE: DBSA requires that you disclose a primary medical insurance carrier. Failure to comply will disqualify applicant from participating in DBSA.

Carrier Name: _____ Policy #: _____

RELEASE STATEMENT NOTE: The statement should be signed by a parent/guardian for minor player, an adult player himself; coach for himself; and administrator for himself. I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the DBSA, its affiliated organizations and sponsors. Recognizing the possibility of the physical injury associated with soccer and in consideration for the DBSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the DBSA, its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by on or behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorized.

PARENT/GUARDIAN OR ADULT SIGNATURE: _____

DATE: _____

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