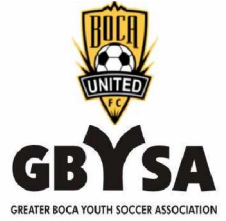


Greater Boca Youth Soccer Association / Boca United FC
proudly presents



ERIC EICHMANN'S



Summer Camps

Camp hours (daily)

Mon – Fri.

9 am – 3 pm

2007 SUMMER SOCCER CAMPS

South County Regional Park, West Boca Raton

Includes DAILY SWIMMING AT COCONUT COVE WATER PARK!!!

Registration Now Open for Summer 2007 Camp Sessions

Three sessions to choose from: **Mondays–Fridays 9am-3pm**
(June 4-8) (June 18-22) (August 13-17)

Boys and Girls ages 6 to 14

ALL PLAYERS MUST BRING A BALL, CLEATS, SHIN-GUARDS, LUNCH, BATHING SUIT AND TOWEL FOR SWIMMING AT THE WATER PARK EACH DAY

COST: \$185.00 / session includes camp T-shirt

For more information call (561) 218-9040

Please fill out form completely and mail to address below. Space limited and subject to availability

Parent/ Guardian: _____ Child's Name: _____
Address: _____ Child's age: _____
City: _____ Zip _____ E-mail _____
Home Phone: _____ Work Phone: _____ Emergency Phone: _____
Please Circle T-shirt Size: YS YM YL AS AM AL AXL

2007 SPRING / SUMMER CAMPS (\$185 / SESSION)

Summer I _____ June 4-8 Summer II _____ June 18-22 Summer III _____ August 13-17

REFUNDS: There is a NO REFUND POLICY. Only in the case of extreme medical emergency will this policy be reviewed by the GBYSA Board. Refunds are not issued if a child is dismissed due to disciplinary action based on his/her behavior or misconduct. We reserve the right to cancel camp sessions if we do not have a minimum enrollment.

MEDICAL RELEASE AND CONSENT FORM: I approve of my child being at the Greater Boca Youth Soccer Association (GBYSA) soccer camp(s) and of him/her swimming daily at Coconut Cove Water Park located at South County Regional Park in West Boca Raton. I certify that my child is in good health and has my permission to participate in all camp activities. I understand that soccer is a contact sport and that injuries may occur. By signing below, I hereby assume any and all risks, which are incumbent with any excursion of the program, and extracurricular activities in which my child might participate, with the realization that these activities may subject him/her to personal bodily injury or property damage risks. I am aware that certain dangers may occur including, but not limited to, physical contact with other individuals and/or athletic equipment and facilities which may result in cuts, abrasions, sprains, bruises, strains, concussions, and fractions. Being fully aware of these dangers, I nevertheless, voluntarily choose to allow my child to participate in soccer camp and I assume all risks arising therefore. I authorize the staff of GBYSA soccer camps to act for me according to their judgement in an emergency requiring medical attention, including treatment by physicians. I so hereby release, acquit, and forever discharge the GBYSA, Eric Eichmann, and all the employees and/or agents of the GBYSA who plan, direct, or otherwise, participate in the aforementioned program, and from all actions, account of any and all injury, directly, or indirectly sustained by my child as a consequence of his/her participation in the above mentioned camp program. I will be responsible for any medical or any other charges in connection with attendance at camp. I have read and understand the foregoing assumptions of risk and release document, and I do freely accept its terms.

Parent's/ Guardian's Signature _____ Date _____

Insurance Company Name: _____ Policy # _____

Make Checks payable and mail to: Greater Boca Youth Soccer Association - CAMP
P.O. Box 970571
Boca Raton, FL. 33497-0571