

**Fall 2008
Open Registration**

DREAM CAMPS SOCCER CLUB

2731 NC HWY 55 #289, Cary, NC 27519



website: www.dreamcamps.net e-mail: dreamcamps@nc.rr.com phone: (919) 854-1333

Fall 2008 Co-ed Recreational Youth Soccer Registration

Registration Fee: \$75 (all ages U05-U17)

Season Dates: Aug-Nov 2008 Location: Cary/Apex/Morrisville Area

OPEN REGISTRATION: May 1st, 2008. Registrations are processed on a first-come-first-serve basis. New U05 players must be 4 by August 1st, 2008.

- You will be contacted by your coach prior to the start of practices. Check the website frequently for updates.
- **Refunds may only be requested for relocation or injury prior to the first game of the season, minus a \$20 cancellation fee.**
- Returned checks are subject to a \$20 finance fee.
- Applications will be returned if incomplete or illegible.
- Each sibling must have a separate form (additional forms may be downloaded from www.dreamcamps.net).
- E-Mail confirmation of registration form will be sent by Dream Camps Soccer Club upon receipt. We will not reply to confirmation e-mails returned from spam filters.

Player info: Played Spring 2008? Yes ___ No ___ If yes, Team Name: _____ Gender: Male ___ Female ___

Player Name: _____ Date of Birth(mm/dd/yy): ___/___/___

Address: _____
(street) (city) (state) (zipcode)

E-mail: _____ Phone: _____
(home) (work/mobile)

Parents' Names: _____

Volunteer: Parents - You are an important part of this league...you are wanted, needed and invited to volunteer! A coaching clinic is provided and you have our total support to make your coaching experience fun and rewarding!
Yes! I would like to volunteer:

Parent Name: _____ Head Coach: _____ Asst Coach: _____

E-mail of Volunteer Coach: _____

Waiver: WAIVER OF LIABILITY / CONSENT TO PARTICIPATE

I, the undersigned parent/guardian, understand that physical contact is made during soccer training and matches and that I and the player accept the inherent risks. My son/daughter is in good health and able to fully participate in competitive soccer. I hereby give my permission for him/her to participate in Dream Camps Soccer. Further, recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify 442 Sports, Inc., Dream Camps Soccer, it's owners, sponsors, and field owners, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Mail it in! Please mail completed form and \$75 registration fee to:

**Dream Camps Soccer Club
2731 NC Hwy 55 #289
Cary, NC 27519**

Only registrations mailed to this address will be accepted. All registration forms are processed by the postmark date.