



2023
RALPH LUNDY SOCCER ACADEMY
2305 Chadbury Lane
MT. Pleasant, SC 29466

- Please apply early. Many camps sold out in 2022
- PLEASE COMPLETE ALL INFORMATION ON BOTH PAGES.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone (w/ AC) _____ - _____ - _____ Current Grade _____

Age: _____ Birthday (MM/DD/YY): ____ / ____ / ____ Sex: ☐ Male ☐ Female

Is your team or group attending camp? ☐ YES ☐ NO

If YES, the name of your team is: _____

Please indicate: ☐ Field Player ☐ Goalkeeper ☐ Both

E-mail (REQUIRED) _____

NOTE: Our camps are open to any and all entrants (boys and girls), limited only by age and grade level.

PLEASE CHECK APPROPRIATE SESSION

Location		Half Day (9am-12pm)	Full Day (9am-3pm)
Emory Folmar YMCA Soccer Complex • Montgomery, AL			
June 12-16	Ages 8-17	<input type="checkbox"/> Half Day \$260	<input type="checkbox"/> Full Day \$360
Tident Academy School • Mount Pleasant, SC			
June 19-22	Ages 8-17	<input type="checkbox"/> Half Day \$235	<input type="checkbox"/> Full Day \$310
Knoxville Catholic High School • Knoxville, TN			
July 10-13	Ages 8-17	<input type="checkbox"/> Half Day \$260	<input type="checkbox"/> Full Day \$360
Tident Academy School • Mount Pleasant, SC			
July 17-20	Ages 8-17	<input type="checkbox"/> Half Day \$235	<input type="checkbox"/> Full Day \$310
Camden County Soccer Club • St. Mary's, GA			
July 24-27	Ages 8-17	<input type="checkbox"/> Half Day \$260	<input type="checkbox"/> Full Day \$360

If you pay by credit card, the full amount will be charged, and you will incur a processing fee as we use a

secure site for the transaction. ☐ VISA ☐ MasterCard

Credit Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____

Name on Card _____ CVV # ____

Please make checks payable to: **Ralph Lundy Soccer Academy**

FOR OFFICE USE ONLY

Deposit Received \$ _____ Date _____ Check # _____

Balance Received \$ _____ Date _____ Check # _____ Balance Due \$ _____



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Parental Consent Form

All areas of this form must be completed and signed by Parent/Guardian

Camper's Name _____ Birth Date _____

Address City _____ State _____ Zip _____

Parent/Guardian Name _____ Relationship _____

Allergic Reactions (drugs, food, asthma. . .) ☐ YES ☐ NO

If yes, list: _____

Taking any medication at this time? ☐ YES ☐ NO

If yes, list: _____

Special Needs? ☐ YES ☐ NO

If yes, list: _____

In Case of Emergency _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

All campers must have their own medical coverage. The Camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.

CAMPER'S INSURANCE CO. _____ Group # _____

POLICY HOLDER _____ POLICY # _____

RALPH LUNDY SOCCER ACADEMY RELEASE STATEMENT

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the camper. I/We hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Ralph Lundy Soccer Academy and it staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at Camp, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Parent/Guardian Signature

DATE