



2023 Summer Soccer Skills Camp

4 Week Soccer Sessions + Games June 19th – July 22nd

ricardofutbolacademy@gmail.com 502-644 3322

Player Name: _____ Gender: _____

DOB: _____ School: _____

Parent First Name: _____ Parent Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone : _____ Email : _____

Session Information:

- 4 Weekly Sessions Run from June 19th – July 22nd

Pricing Information:

REGISTRATION

10-15's
Summer Special Soccer Skills Camp, 2023

Sibling Discount: 50%

Registration : Practices: 3x/ week for 4 weeks + 4 Saturday games \$215, OR, Saturday Games Only (tournament 3 games guarantee), \$95

Please indicate below your **Training Location for the 2023 Spring Soccer League:**

4515 Champions Trace LN, Louisville, KY 40218 Practice 5:30 PM- 7 PM Monday, Tuesday & Thursday

Saturday Games (3 games tournament guarantee), 10-12yrs play @10 AM & 13-15yrs Play @ 11 AM

Each student enrolled needs a completed signup form. Cada participante matriculado/registrado necesita completar un formulario de inscripción.

PARENT/GUARDIAN AGREEMENT: (Please read carefully and sign below)

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for the Youth Soccer at Ricardo's Futbol Academy (RFA), I certify that Participant is of normal health and in proper physical condition to participate in the Youth Soccer Leagues and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in indoor soccer (both practice and competition); that outdoor soccer is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participants participation in the Youth Soccer Trainings and Games.

I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Youth Soccer Program at RFA.

In the event that I cannot be reached in an emergency, I hereby give permission to the RFA staff to secure emergency medical services including transportation and physician.

I give my permission to a staff member for such care. I give my consent for my child to be photographed or videotaped while participating in the camp activities and for the resulting images to be used by Ricardo's Futbol Academy for promotional purposes. If check returned unpaid I authorize my account to be electronically debited for the check amount and returned check fee. \$30 cancellation fee at least 5 days prior to camp. No refunds for cancellations within 5 days of the first day of camp.

Signature of Parents: _____ Date: _____