



Berkshire Community Soccer Camp

July 20 – 24, 2009

Ashley's Soccer Camp and Sports Domain Academy is proud to announce their annual Summer Soccer Camp in the Berkshires for boys and girls aged 4-13 years. We are presenting a 5-day Camp that offers ideal extra training to supplement your regular season work, providing participants with the opportunity to develop and hone their soccer skills. The Camp will be held at the **Miss Halls School, Pittsfield**. Camp features:



**Skill Development
Goalkeeper Training
Small & Large Sided Games
Coaches Challenge
World Cup Day
FUN!!!!**



*** All participants attending camp will receive a soccer ball, t-shirt, & water bottle ***

<u>Camp</u>	<u>Time</u>	<u>Age</u>	<u>Cost</u>
Half Day Camp	9am - 12:00noon	4-6 years	\$99
Full Day Camp	9:00 – 3.00pm	7 – 13 years	\$155.00

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Player's Name _____ Birth Date _____ Male Female (circle)
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Emergency Phone # _____
 Parent/ Guardian (please print) _____ E-mail _____

Full payment must accompany this form. Please make checks payable to: **Ashley' Soccer Camp Inc.**

Cancellation & Refund Policy

If any portion of a camp or program is cancelled due to inclement weather, a make-up will be scheduled for the lost time. If a make up is unable to be scheduled, issue a pro-rated credit voucher will be issued. A cash refund will not be issued. Sessions of camp missed through illness or injury will either be made up for the athlete or a credit voucher for the pro-rated value issued. A cash refund will not be issued. A refunded registration will incur an administration fee of \$25.00. Alternatively, a credit voucher for the full amount will be issued if desired. Returned checks will incur a \$25.00 fee.

Waiver

I hereby release Ashley's Soccer Camp (ASC) and any hosting organization from any and all claims and liability of any kind of personal injury or property due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my permission for my child to be photographed or video taped while participating in camp activities and for the resulting images to be used by ASC for promotional purposes.

Health History

Please visit our website and download and complete the [health record form](#). This form **must** be completed prior to attending any soccer camp. Please indicate all known physical and mental conditions. Indicate if the child hasn't been immunized against diphtheria, tetanus, poliomyelitis, measles, perussis, mumps and rubella in accordance with New Jersey State Law N.J.A.C. 8:57-4 and Massachusetts State Board of Health Requirements 105 CMR

Signature of Parent/ Guardian _____ Date _____

Mail to: **180 Elm St, PMB 132, Pittsfield, MA 01201** or **Register Online** at:

www.sports-domain.com

413 442 3547