

# Laureano Ruiz Soccer Academy

335 Sylvan Lake Road, Hopewell Junction NY, 12533  
(County Rte 10 Off Beekman Rd located at Camp Kinder Ring)

Phone:845-226-GOAL(4625) Fax:845-226-KICK(5425)

**“Soccer players are made, not born”**

## 2010 Summer Day Camp Application (U7-U17)



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_

T-Shirt size: Youth S M L (circle one) Adult S M L XL (circle one)

**(Registration confirmation and important camp information will be emailed after acceptance of application)**

Emergency Contacts:

1) Name \_\_\_\_\_ Phone# \_\_\_\_\_

2) Name \_\_\_\_\_ Phone# \_\_\_\_\_

I the parent/legal guardian of (child's name) \_\_\_\_\_ do hereby release, discharge and hold harmless Laureano Ruiz Soccer Academy Corp., its owners, directors, coaches and staff, waive any and all claims or liabilities for any losses, injuries to my child arising out of participation in any program at Laureano Ruiz Soccer Academy Corp. I authorize the staff of Laureano Ruiz Soccer Academy to act on my behalf in any medical emergency that may be necessary for my child. I also give Laureano Ruiz Soccer Academy permission to take photographs/video footage of my child participating in any program in which he/she is enrolled. I understand that this footage may be used by Laureano Ruiz Soccer Academy for promotional and/or marketing purposes.

Parent/Guardian Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

### WEEKLY TUITION SCHEDULE – FULL DAY-8:45AM-5:00PM \$250/WEEK (\$25 discount each additional sibling per session)

AUGUST 16<sup>TH</sup>- AUGUST 20<sup>TH</sup> \_\_\_\_\_ AUGUST 23<sup>RD</sup> – AUGUST 27<sup>TH</sup> \_\_\_\_\_ AUGUST 30<sup>TH</sup> – SEPTEMBER 3<sup>RD</sup> \_\_\_\_\_

**Additional Services (Must be paid in advance)**

\_\_\_\_ Before Care 6:30 AM (additional \$12 per day)

\_\_\_\_ After Care 5:00-6:30 PM (additional \$10 per day)

I agree to pay a \$100 deposit per child per session with this registration form.

The balance is due on or before June 1.

I understand that there will be no reduction of the camp fees for missed days for any reasons.

I understand that Laureano Ruiz Soccer Academy Corp. will make every effort possible to protect and safeguard the belongings of all campers. I will not hold Laureano Ruiz Soccer Academy Corp. responsible for my child's equipment and belongings if damaged or lost, including theft.

Parent/Guardian Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

#### Payment Options

1) Please make all checks/money orders payable to: Laureano Ruiz Soccer Academy Corp.

Mail to: Laureano Ruiz Soccer Academy  
335 Sylvan Lake Road  
Hopewell Junction, N.Y. 12533

2) PayPal accepted on our website. (3% surcharge will be applied)

If you have any questions please contact Diane Furcick at (845)226-GOAL (4625) or [diane@lrso.us](mailto:diane@lrso.us)