

Team Boca Summer Soccer Training

Where: Pope John Paul II High School

4001 N. Military Trail in Boca Raton

(Please Print Form, Complete, and Mail as indicated Below)

Name _____ Age (as of June 1) _____

Parents' Names _____

Parents' Contact Info (cell#, work#) _____

Home Address _____

Email Address _____

Emergency Contact Information _____

Sessions Attending (check one) Half-Day _____ Collegiate H/S _____

Week(s) Attending

Half-Day Sessions (check) June 8-12 _____ June 15-19 _____ July 6-10 _____

Collegiate/HS Sessions (indicate weeks) _____

Half-Day Sessions \$110 per week Collegiate/HS \$125 for summer or \$40 per week
(College players \$100 for summer or \$30 per week)

Current SABR/Team Boca members make check payable to Team Boca

Non SABR/Team Boca members make check payable to Pope John Paul II High School

Application and camp fee can be delivered to Rocky Orezzaoli or mail to:

Team Boca Soccer

7491 N. Federal Hwy. Suite C5-288

Boca Raton, FL 33487

Release of Liability/Medical Release

The undersigned (parent or guardian if camper is under 18 years of age) understands the applicant will be engaged in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk and releases and holds Team Boca Soccer, Soccer Assoc. of Boca Raton, Florida Youth Soccer Assoc., and Pope John Paul II HS, harmless and indemnified against any and all claims of injury, including its officers, trustees, agents and employees, including specifically all persons employed or hired by Team Boca/Pope John Paul II HS to conduct its soccer camp from any and all liability for personal injury or property damage arising out of participation in Team Boca/Pope John Paul II HS Camp. I hereby grant permission for my child to attend Team Boca/Pope John Paul II HS camp and to be treated by a licensed physician or emergency personnel in the event of an injury, illness, or other mishap.

Medical Conditions

Applicant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Questions? Contact Rocky Orezzaoli at 561-212-6085 or rorezzaoli@gmail.com