

# A FOOT- ABOVE SOCCER ACADEMY



Send this form with payment and keep information card.

**Make checks payable to and mail to:**  
**Thomas Lemmon**

**183 St. Clair Dr. Saint Simons Island, Ga. 31522**

**You will receive a phone call or e-mail confirming enrollment.**



Player's name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Parent's work phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please select your week(s):

\_\_\_\_\_ May 28-31 Frederika Park SSI (Ages 4-14) \$200 (\*I will NOT be at Camp May 31)

\_\_\_\_\_ June 3-6 Frederika Park SSI(Ages 4-14) \$200 (\*I will NOT be at Camp June 3)

## AFA SOCCER ACADEMY WAIVER FORM:

All participants **MUST** have their **OWN** medical insurance/ coverage. Campers will **NOT** be allowed to participate unless the following information is submitted and signed by the parent or guardian of the camper prior to the first day of camp.

Camper/ Player insurance company: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Policy number: \_\_\_\_\_

Parent/ Guardian's name: \_\_\_\_\_

Emergency phone #: \_\_\_\_\_

I/We, the undersigned, hereby certify that I/we (am/are) the parent(s) or legal guardian(s) of the above camper. I give permission for the staff of the AFA camp to seek appropriate medical attention for the camper and for any and all costs of medical attention and treatment.

I/ We, the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge A Foot Above Soccer Academy and it's 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 participation 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 ALL soccer camp activities associated with AFA soccer academy.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*RETURN THIS PAGE ALONG WITH YOUR PAYMENT TO:**

**THOMAS LEMMON**

**183 ST. CLAIR DR. St. Simons Island, Ga. 31522**

**VENMO: @Tlemmon15**

**\*NO REFUNDS\***

