



Wee People Soccer:

\$85 U3 – U5 9am – 11am

High School Camps:

\$175 Per Player (U11-U18) 9am – 12am / 5pm – 8pm

Player Development Camps:

\$125 U6 – U14 9am - 12pm (Half Day)

\$175 U6 – U14 9am - 3pm (Full Day)

Travel Team Camps:

\$1,500 Per Team (U11-U18)

\$1,200 Per Team (U9-U10)

Sibling Discount (Player Development Camps)

1st Sibling \$25 off original price

2nd Sibling \$20 off original price

Please make all checks payable to

“Atlantic Soccer Factory” and mail

to:

107 Daphne Road, Egg Harbor

PayPal payment is also available on our website at www.atlanticsoccerfactory.com/services/camps

Player Name: _____ Male / Female Age: _____

Team Name/Club: _____ Parent/Guardian: _____

Parent Email: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

List any medical conditions you currently have or had in the past, including chronic diseases or allergies:

Camp you will be attending / Date _____

T-Shirt Size: **YM** **YL** **AS** **AM** **AL** **AXL**

As parent/guardian of the above player, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical play at soccer camp. I hereby release ASF, its agents and employees from any liability on account of injuries sustained by my son/daughter while participating in soccer camp activities. I give permission for my son/daughter to be medically treated for illnesses occurred or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse ASF for expenses incurred by them, their agents and employees, on account of medical insurance ordered at their discretion, and also to indemnify them for any expenses not reimbursed by such insurance. I give consent for my son/daughter to be photographed, videotaped or filmed while participating in camp activities, and for the resulting photos to be used by ASF for educational and promotional purposes. I have read and understand the above.

Parent/Guardian Signature _____ Date _____

Contact us directly at: Atlantic Soccer Factory
107 Daphne Road, Egg Harbor Township, New Jersey, 08234.
Tel: 609-272 9232 Website: www.atlanticsoccerfactory.com