





2017  
 RALPH LUNDY SOCCER ACADEMY  
 3134 BALL COURT  
 MT. PLEASANT, SC 29466-8008

Send this form with your \$250 deposit to reserve your space. There is a late registration fee of \$25 for all applications after June 1st. After June 1st, please send full payment plus the \$25 late fee. If paying by credit card, the full amount will be charged.

• Please apply early. Many camps sold out in 2016 •  
**PLEASE COMPLETE ALL INFORMATION ON BOTH PAGES.**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone (w/ AC) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Current Grade \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female

Is your team or group attending camp?  YES  NO

If YES, the name of your team is: \_\_\_\_\_

Please indicate:  Field Player  Goalkeeper  Both

Roommate Request(s): \_\_\_\_\_

• Airport shuttle required (If yes, please attach itinerary and \$50 fee):  Yes  No

E-mail (REQUIRED) \_\_\_\_\_

**PLEASE CHECK APPROPRIATE SESSION (Note: *The Elite Players School is for Ages 13-18*)**

<b><i>Darlington School • Rome, GA</i></b>		<b><i>Regular</i></b>	<b><i>ELITE</i></b>
<input type="checkbox"/> June 10-13	Ages 9-13 (Coed)	<input type="checkbox"/> \$570	<b><i>N/A</i></b>
<input type="checkbox"/> June 14-17#	Ages 13-18 (Coed)	<input type="checkbox"/> \$570	<input type="checkbox"/> \$705
<b><i>Wofford College • Spartanburg, SC</i></b>		<b><i>Regular</i></b>	<b><i>ELITE</i></b>
<input type="checkbox"/> June 16-19	Ages 9-13 (Coed)	<input type="checkbox"/> \$570	<b><i>N/A</i></b>
<input type="checkbox"/> June 16-19# **	Ages 13-18 (Coed)	<input type="checkbox"/> \$570	<input type="checkbox"/> \$705
<b><i>College of Charleston Soccer Complex • Mount Pleasant, SC</i></b>			<b><i>ELITE</i></b>
<input type="checkbox"/> June 26-29	Ages 9-16 (Coed – DAY CAMP)	<input type="checkbox"/> \$200	<b><i>N/A</i></b>
<input type="checkbox"/> July 16-19	Ages 9-13 (Coed)	<input type="checkbox"/> \$610	<b><i>N/A</i></b>
<input type="checkbox"/> July 23-26# **	Ages 13-18 (Coed)	<b><i>N/A</i></b>	<input type="checkbox"/> \$705

# - College Showcase \*\* - Team Camp *suggested* (These suggestions are not a requirement.)

• If you pay by credit card, the full amount will be charged. In addition, when you register using your credit card, you will incur a processing fee, as we use a secure site for the transaction.  VISA  MasterCard

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ CVV # \_\_\_\_

• Please make checks payable to: **Ralph Lundy Soccer Academy**

**FOR OFFICE USE ONLY**

Deposit Received \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Balance Received \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Balance Due \$ \_\_\_\_\_



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### Parental Consent Form

*All areas of this form must be completed and signed by Parent/Guardian*

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Allergic Reactions (drugs, food, asthma. . .)  YES  NO

If yes, list: \_\_\_\_\_

Taking any medication at this time?  YES  NO

If yes, list: \_\_\_\_\_

Special Needs?  YES  NO

If yes, list: \_\_\_\_\_

In Case of Emergency \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

All campers must have their own medical coverage. The Camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.

CAMPER'S INSURANCE CO. \_\_\_\_\_ Group # \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_

**• RALPH LUNDY SOCCER ACADEMY RELEASE STATEMENT •**

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the camper. I/We hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Ralph Lundy Soccer Academy and it 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 participating 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 soccer camp activities.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 DATE



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### ***2017 Team Camp Checklist***

Read the **Ralph Lundy Soccer Academy** website from start to finish. Many of your questions can be answered on the website.

- **Make copies** of **2017 Individual Camp Application** (found in this packet) and **Parental Consent Form** (found in this packet) for each of your players attending the camp. Make sure that all information is filled out and signed by the legal parent/guardian. You must return individual forms for each player attending.
- **Enclose** completed **Team Camp Application**.
- **Enclose Individual Camp Application** and **Parental Consent Form** for each camper. Please advise us if these forms will be sent later under a separate cover. These forms must be in the possession of **Ralph Lundy Soccer Academy** prior to the start of camp.
- **Enclose Deposit of \$100.00 per camper (min. 10 Campers).** This \$100 deposit will be applied to the camp fees of each team participant. Please be reminded that one coach attends free of charge. Enclose \$175.00 per additional coach attending.
- **Mail** Team Application, Individual Player Forms, Parental Consent Forms and Deposit to:  
**Ralph Lundy Soccer Academy (Team App.)**  
**3134 Ball Court**  
**Mount Pleasant, SC 29466-8008**

Additional questions, please call us toll free 888-757-2762 between the hours of 9:00AM & 6:00PM, or e-mail us through our website, [info.ralphlundy.com](http://info.ralphlundy.com)