



OAKVILLE SOCCER CLUB: 2012 March Break Camp

Week of March 12th to March 16th, 2012

Player Name: _____

Male Female

Date of Birth: _____(DD/MM/YYYY)

Address: _____

City/Town: _____ Postal Code: _____

Home Phone #: _____ Business/Cell #: _____

Emergency Contact Name and #: _____

Allergies/Medical Concerns: _____

E-mail(s): _____

I hereby understand that the registration fee does not include medical insurance coverage. I agree to release and indemnify the Oakville Soccer Club Inc., its officials, head coach and instructors from any claims arising from injuries incurred by the applicant while participating in the Oakville Soccer Club Camp.

I also acknowledge that a \$35.00 administration fee will be applied on any refunds received PRIOR to March 9, 2012. NO REFUNDS AVAILABLE AFTER MARCH 12, 2012. ALL REFUND REQUESTS MUST BE MADE IN PERSON AT THE OAKVILLE SOCCER CLUB FRONT OFFICE.

Parent/Guardian Signature: _____

Registration Fee: \$400

Payment accepted by Cash, Cheque, Visa, MasterCard or Debit

Date: _____ Receipt No: _____ Passport No: _____

OSC Official: _____ Cash: \$_____ Cheque: \$_____

Cheque No: _____ Visa: _____

MC: _____ Debit: _____