



2012 Spring Break Camp

Indiana Ages 6-14 | March 26-30, 2012

Registration Deadline: March 22nd

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Fax to Kristen Wallace at 502.899.3566 or drop off this application to the Lightning Offices: 3000 Mellwood Avenue, Louisville, KY 40207. Non-refundable. All Applications must be accompanied with payment. All applications must be filled out entirely with a parent's signature.

Please Check Your Selection:

- | | | |
|--|----------|-----------------------------|
| <input type="checkbox"/> Half Day Morning, 1 Day | 9am-Noon | \$35.00 |
| <input type="checkbox"/> Half Day Afternoon, 1 Day | 1pm-4pm | \$35.00 |
| <input type="checkbox"/> Full Day, 1 Day | 9am-4pm | \$60.00 (Bring Sack Lunch) |
| <input type="checkbox"/> Full Week, Half Day Morning | 9am-Noon | \$160.00 |
| <input type="checkbox"/> Full Week, Half Day Afternoon | 1pm-4pm | \$160.00 |
| <input type="checkbox"/> Full Week, Full Day | 9am-4pm | \$230.00 (Bring Sack Lunch) |

Please Indicate Days and Age:

- March 26 March 27 March 28 March 29 March 30

Payment Options - Please Check the Option by Which You are Paying:

Payment Option:	Cash	Check	Credit Card
Please Check:	Visa	Mastercard	

Card Number: _____ Expiration Date: _____/_____/_____

Name on the Card: _____

Signature: _____

By signing above you are authorizing the Louisville Lightning to charge your credit for the amount listed above. All credit card information is maintained in strict confidence and is used only for the payment upon your signature and approval.

Parent/Guardian Agreement—Please read carefully and sign below:

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for the Youth Soccer Camps at the Louisville Lightning (LL), I certify that Participant is of normal health and in proper physical condition to participate in the Youth Soccer Camp and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in indoor soccer (both practice and competition); that indoor soccer is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participants participation in the Youth Soccer Camps.

I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Youth Camp Program at the LL.

In the event that I cannot be reached in an emergency, I hereby give permission to the LL staff to secure emergency medical services including transportation and physician.

Signature of Parents: _____ Date: _____