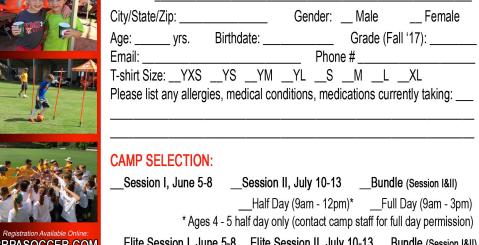


BRPA at the Virginia Military Institute 2017 Soccer Camp Registration

Address:

Player Name: _____



AMP SELECTION:			
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Half Day (9am - 12pm)* Full Day (9am - 3pm)

* Ages 4 - 5 half day only (contact camp staff for full day permission)

__Elite Session I, June 5-8 __Elite Session II, July 10-13 __Bundle (Session I&II)

COST & REGISTRATION DEADLINE:

Soccer Camp Half Day: \$175, Full Day: \$230, Bundle Half Day: \$315, Bundle Full Day: \$414

Elite Camp: \$250. Elite Bundle: \$450

Registration Deadlines: Camp Early Registration Deadline: May 15, 2017 (\$15 cost increase to camp fee after this date). Sibling discounts & team discounts along with refunds for cancellations are available- please check www.brpasoccer.com for details.

Checks payable to: Blue Ridge Player's Academy. Address: Virginia Military Institute, BRPA Soccer Camps, 401 N. Main St., 245 Cameron Hall, Lexington, VA 24450

Registration also avialable online at: www.brpasoccer.com (online processing fee applies)

WAIVER AND RELEASE: I hereby give my consent to allow my child/ward to attend the Blue Ridge Player's Academy Soccer Camp at the Virginia Military Institute ("the Activity"). In consideration of my child/ward being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child/ward's participation in the Activity and in any activities undertaken as an adjunct thereto. I certify that s/he is in good health and able to participate in camp activities. I am/am not attaching a statement explaining special physical limitations and/or required medication. I understand, as with any sport, injuries can occur, and I hereby agree to save and indemnify and keep harmless the activity staff and the Institution, its agents and employees against any and all liability, claims, judgments or demands for damages arriving as a result of injuries sustained by my child/ward during or as a result of any course given by the Institution and the Activity staff and its agents. I hereby authorize the institution and specific activity staff and its agents, permission to request medical treatment, and for medical attention to be given, and to receive medical attention as necessary to insure the well being of my child/ward, and/or in the event of an accident, injury or illness.

Parent/Guardian Signature		Date	
Parent/Guardian Printed Name			
Parent Phone	Parent Email		
Health Insurance Company/Carrier _			
Name of Policy Holder	Policy/Group Number		
Emergency Contact	Emergency Contact Phone		