



BRPA at the Virginia Military Institute 2018 Soccer Camp Registration

Address:			11.1	
City/State/Zip:		ender:	Male	Female
Age: yrs. Bir	rthdate:		Grade (Fa	II '18):
Email:		Phone #	#	
T-shirt Size:YXSY	/S YM YI	S	M L	XL
Please list any allergies,				
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CAMP SELECTION:				2/0
CAMP SELECTION:				
CAMP SELECTION:Session I, June 4-7	Session II,	uly 9-12	Bunc	fle (Session I&II)
Session I, June 4-7	Half Day (9a	am - 12pm)	*Full	Day (9am - 3pm)
Session I, June 4-7	Half Day (9a 5 half day only (co	nm - 12pm) [*] entact camp	*Full staff for fu	Day (9am - 3pm) Il day permission)

COST & REGISTRATION DEADLINE:

BRPASOCCER.CO

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 14, 2018 (\$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., Corps Physical Training Facility, 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 Phor	ne