2012 Registration Form

Name:_____
Last first middle
Address:_____
City:_____State:_____Zip:_____
Email: _____ Home Phone: (_____)_____
Birth date: _____ Age:_____
Emergency Phone: (___)_____Contact:_____
Grade (2012-13): _____ □ Male □Female
Shirt Size: **ADULT:** □ S □ M □ L □ XL **YOUTH:** □M (8-10) □ L (12-14)
Roommate Preference: (2 per room allowed): 1._____ 2._____
Session (**please check**):

□Kicking Kids Camp Peoria (June 18-21) Mon-Thurs 5:30pm-7:00pm	$55
□Peoria Skills Camp (June 18-21) Mon-Thurs 9am-12:30pm	$45/1, $80/2, or $110/3
□Junior Day Camp Morton (June 25-28) Mon-Thurs 9am-12:30pm	$110
□Junior Day Camp Peoria (July 9-12) Mon-Thurs 9am-12:30pm	$110
□Boys Camp/Resident (July 8-12) Sun-Thurs	$375
□Boys Camp/Extended Day (July 8-12) Sun-Thurs	$350
□Girls Camp/Resident (July 8-12) Sun-Thurs	$375
□Girls Camp/Extended Day (July 8-12) Sun-Thurs	$350
□Girls HS Age Match Team Only (July 8-12) Sun-Thurs	$150
□Boys HS Advanced Team/Senior Age Player Camp/Resident (July 22-26) Sun-Thurs	$375
□Boys HS Advanced Team/Senior Age Player Camp/Commuter (July 22-26) Sun-Thurs	$350
□Boys HS Age Match Team Only (July 22-26) Sun-Thurs	$150

DISCOUNTS PRIOR TO Feb. 15/April 15	Day Camp ($110)	Kicking Kids ($55)	Extended Day ($350)	Residential ($375)	Match Only Team ($150)
Paid in Full	$30/$20 Off	$30/$20 Off	$45/$35 Off	$45/$35 Off	$30/$20 Off
3 or more children in family enclosed in same envelope	$10 Off/ child	$10 Off/child	$10 Off/child	$10 Off/child	$10 Off/child
Group/Team 10 or more enclosed in same envelope	$10 Off/ child	$10 Off/child	$10 Off/child	$10 Off/child	$10 Off/child ***(13 or more required)***

DISCOUNTS PRIOR May1/June 1	Day Camp ($110)	Kicking Kids ($55)	Extended Day ($350)	Residential ($375)	Match Only Team ($150)
Paid in Full	$10 (5/1)	$10 (5/1)	$25 (6/1)	$25 (6/1)	$10 (6/1)
3 or more children in family enclosed in same envelope	$10 Off/ child	$10 Off/child	$10 Off/child	$10 Off/child	$10 Off/child
Group/Team 10 or more enclosed in same envelope	$10 Off/ child	$10 Off/child	$10 Off/child	$10 Off/child	$10 Off/child ***(13 or more required)***

Total Amount Enclosed: $_____
Make checks payable to: **Central Illinois Soccer Academy, 1501 W. Bradley Ave., Peoria, IL 61625**
Payment can be made by credit card: Bradley accepts: Visa MasterCard Discover **(circle one)**
CARD#_____ Expiration Date:_____
Amount: _____ Name on Card: _____

MEDICAL RELEASE FORM (Please fill out completely)
It is the responsibility of the camper's parents or legal guardians to ensure that the camper is healthy and has no physical problems which would prevent the camper's participation in camp activities. Responsibility for primary medical insurance coverage rests with the camper.
Policy Holder's Name: _____
Insurance Company: _____ Policy Number:_____
Parent/Guardian: _____
Phone: (Office) _____(Home) _____
Special Medical Needs: _____

This certifies that_____ has had a physical examination by a licensed physician in the past year and is free from any illnesses or injuries that would prevent him/her from participating in any activities at the Central Illinois Soccer Academy while my son/daughter/ward is present at camp.

Signed: _____Date: _____

*****BRADLEY UNVERSITY CAMPS & CLINICS ARE OPEN TO ANY AND ALL ENTRANTS, IN ACCORDANCE WITH THE NCAA CAMPS AND CLINICS LEGISLATION (LIMITED ONLY BY NUMBER, AGE, GRADE LEVEL, AND/OR GENDER).*****