

# Tricia Taliaferro's Hurricane Soccer Camps

## 2008 Camp Registration Form

Name \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F  
Address \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Grade in School (Spring 08) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact other than parent \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ High School Letter Winner \_\_\_\_\_ Yes \_\_\_\_\_ No

T-shirt Size Youth \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L Adult \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

\_\_\_\_\_ YES! I would like to purchase a soccer ball at camp (cost \$25 if you order now, \$30 first day of camp)

\_\_\_\_\_ YES! I need transportation to and from the airport (cost \$40, pickup and drop-off is done by Miami Soccer coaches)

### Please check the camp(s) you would like to attend:

Spring Clinic	_____ March 17-April 28 (Monday nights only)	Cost: \$115
Soccer Half Day Camp	_____ June 9-13 _____ June 16-20 _____ June 23-27 _____ GK Camp	Cost: \$125
Soccer Half Day Camp	_____ June 30-July 3 (4 days only) _____ GK Camp	Cost: \$100
Soccer Day Camp	_____ June 9-13 _____ June 16-20 _____ June 23-27 _____ GK Camp	Cost: \$225
Soccer Day Camp	_____ June 30-July 3 (4 days only) _____ GK Camp	Cost: \$180
Soccer/Tennis Half-Day Camp	_____ June 9-13 _____ June 16-20 _____ GK Camp	Cost: \$145
Soccer/Tennis Day Camp	_____ June 9-13 _____ June 16-20 _____ GK Camp	Cost: \$290
Girls Residential Camp (ages 9-18)	_____ July 13-17 _____ GK Camp	Cost: \$495
Girls Residential Camp (commuter)	_____ July 13-17 _____ GK Camp	Cost: \$395
Boys Residential Camp (ages 9-18)	_____ July 20-24 _____ GK Camp	Cost: \$495
Boys Residential Camp (commuter)	_____ July 20-24 _____ GK Camp	Cost: \$395

Roommate Request (Residential Camps Only) \_\_\_\_\_

**\$100 deposit required for the Residential and Team Camps, \$50 deposit required for the Day and Half-Day Camps.**

**Discounts:** A \$25 discount will apply for the following:

- Children of University of Miami staff/employees
- Siblings attending the same camp
- Campers who attend more than 1 camp (discount applies to the second week of camp)

A \$50 discount will apply to the following:

TEAM DISCOUNT 1 – Teams who bring a minimum of 10 players

A \$100 discount will apply to the following: (RESIDENTIAL CAMP ONLY)

TEAM DISCOUNT 2 – Teams who bring a minimum of 16 players

**Discounts:**(check all those that apply)

\_\_\_\_\_ Team 1 \_\_\_\_\_ Team 2 \_\_\_\_\_ Sibling \_\_\_\_\_ UM Employee \_\_\_\_\_ Multiple camp

**Team Name** (team discount campers only) \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

Children and Family Members of University of Miami Athletics Department Employees May be allowed free admission. Hurricane Soccer Camps will prorate weeks of camp when needed.

CAMPERS NAME \_\_\_\_\_

**Insurance Waiver and Medical Release. Read before signing!**

I hereby authorize the staff of the above named camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby discharge and covenant not to sue Tricia Taliaferro's Hurricane Soccer Camp, Tricia Taliaferro, any of the servants, agents, or employees from any and all liability or course of action whatsoever arising out of, or related to any loss, damage, or injury, including death that may be sustained by me/my child, or to release, or otherwise, while participating in the camp program. My signature on this waiver also states that the above named camper is covered by my personal medical insurance policy. I am at least eighteen (18) years of age and fully competent, and I execute this release in full, adequate and complete consideration fully intending to be bound the same. I hereby give permission to allow Hurricane Soccer Camps to use any pictures taken at camp in future brochures, advertisements, and other uses pertaining to Hurricane Soccer Camps and Clinics.

Tricia Taliaferro's Hurricane Soccer Camp is a separate identity from the University of Miami.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Please make checks out and return to:

**Hurricane Soccer Camp**  
c/o Jeff Freeman  
5821 San Amaro Dr.  
Coral Gables, FL 33146

For more information please go to [www.hurricanesoccercamps.com](http://www.hurricanesoccercamps.com) or call (305) 284-4179