

# Tricia Taliaferro's Hurricane Soccer Camps

## 2010 Camp Registration Form

Name \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F  
Address \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Grade in School (Spring 10) \_\_\_\_\_  
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 22-April 26 (Monday nights only 5:30-6:30PM) Cost: \$95

Soccer Half Day Camp \_\_\_\_\_ June 7-11 \_\_\_\_\_ June 14-18 \_\_\_\_\_ June 21-25 \_\_\_\_\_ GK Camp Cost: \$135

Soccer Half Day Camp \_\_\_\_\_ June 28-July 2 \_\_\_\_\_ GK Camp Cost: \$135

Soccer Day Camp \_\_\_\_\_ June 7-11 \_\_\_\_\_ June 14-18 \_\_\_\_\_ June 21-25 \_\_\_\_\_ GK Camp Cost: \$275

Soccer Day Camp \_\_\_\_\_ June 28-July 2 \_\_\_\_\_ GK Camp Cost: \$275

Soccer/Tennis Half-Day Camp \_\_\_\_\_ June 7-11 \_\_\_\_\_ June 14-18 \_\_\_\_\_ GK Camp Cost: \$145

Soccer/Tennis Day Camp \_\_\_\_\_ June 7-11 \_\_\_\_\_ June 14-18 \_\_\_\_\_ GK Camp Cost: \$290

Girls Residential Camp (ages 9-18) \_\_\_\_\_ July 11-15 \_\_\_\_\_ GK Camp Cost: \$495

Girls Residential Camp (commuter) \_\_\_\_\_ July 11-15 \_\_\_\_\_ 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: (\$15 for the Spring Clinic)

- 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)
- (Half day campers may not receive more than \$50 per week in discounts)

A \$50 discount will apply to the following: (Does not apply to Spring Clinic)

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 for a fee of \$75/day for Day Camps, \$45/day for Half Day Camps, and \$125/day for Residential Camps. Refunds minus deposit available only up until 5 days prior to the first day of camp each week.

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

In the event of injury to or illness of our son/daughter/ward, \_\_\_\_\_, born on this date: \_\_\_\_\_, I (we) hereby authorize the University of Miami, or representatives thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. It is the responsibility of the parent/guardian to inform the camp in writing of any changes.

The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby release the University of Miami, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

**Assumption of Risk and Release**

The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it an inherent risk of physical injury. In consideration of the registrant's participation in the camp, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge the University of Miami, its trustees, employees and agents from any and all liability, claim, or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and/or participation in the camp.

**Photographic Release**

I hereby authorize the University of Miami and the members of its staff to take such photographs, for websites, television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publications as the University of Miami or its staff in its sole discretion consider to be of benefit to said University. I hereby waive any rights that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may be applied.

The undersigned hereby acknowledges that he/she is the legal guardian of the camp registrant and has read and agrees with the Consent to Medical and/or Surgical Treatment, Assumption of Risk and Release and Photographic Release stated above.

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