



# 2010 RICHIE GRANT SOCCER CAMP

## JUNE 27 - JULY 1, 2010



CAMPER'S NAME: \_\_\_\_\_  MALE  FEMALE

HIGH SCHOOL: \_\_\_\_\_ CLUB TEAM: \_\_\_\_\_ TEAM AT CAMP: \_\_\_\_\_

IS CAMPER A GOALKEEPER:  YES  NO POSITION (CHECK ONE)  DEF  MID  FWD

T-SHIRT SIZE (PLEASE CHECK ONE):  YS  YM  YL  AS  AM  AL  AXL

AGE AT CAMP: \_\_\_\_\_ GRADE NEXT YEAR: \_\_\_\_\_

ROOMMATE PREFERENCE (ONE NAME ONLY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

**APPLICATION DEADLINE IS JUNE 14TH, 2010.**

**PLEASE CHECK ONE**

- I WILL BRING A BALL  FREE BALL WITH REGISTRATION (BY APRIL 1)
- I WILL BUY THE CAMP BALL \$15 (ENCLOSED) BALL SIZE  4 OR  5

**PLEASE CHOOSE CAMP**

- RESIDENTIAL ..... \$340 ..... JUNE 27-JULY 1 ..... AGES 12-18
- COMMUTER ..... \$290 ..... JUNE 27-JULY 1 ..... AGES 12-18
- KIDS CAMP ..... \$85 ..... JUNE 28-JULY 1 ..... AGES 5-11

**PAYMENT FOR BALL AND DEPOSIT MUST ACCOMPANY APPLICATION  
PLAYERS WILL BE GROUPED ACCORDING TO AGE AND PLAYING ABILITY**

**PARENT/GUARDIAN RELEASE FORM:**

In accordance with the rules of the Richie Grant Soccer Camp, I hereby give my consent for the aforementioned camper to participate in the soccer camp and all related camp activities. If at any time it is necessary for the aforementioned camper to receive outside or professional medical attention, I hereby give my consent to the camp to secure services of the physical or medical facility selected and to secure transportation as is deemed necessary.

I will not hold the camp responsible for any benefits beyond the camp medical insurance program and will secure adequate family insurance coverage if additional protection is desired.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PAYMENT INFORMATION:**

MAKE CHECKS PAYABLE TO: RICHIE GRANT SOCCER CAMP  
ADDRESS: 207 ATHLETIC OFFICE BLDG., MEMPHIS, TN 38152

**QUESTIONS:**

PLEASE CONTACT JODI GRANT AT E-MAIL JODI.GRANT@MEMPHIS.EDU  
OR 901-678-2598, 901-678-5952 FAX

OFFICE USE ONLY	
Type of payment:	<input type="checkbox"/> cash <input type="checkbox"/> check
Family Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Total amount owed \$	_____
Amount included with application \$	_____
Balance remaining \$	_____



[www.richiegrantsoccercamp.com](http://www.richiegrantsoccercamp.com)