



**Mercer Boys Soccer Academy - Registration Form**  
**JUNE 7-11, 2010                      MACON, GA**  
**JULY 12-16, 2010                     WARNER ROBINS, GA**

**Soccer Camp Session (Please select one)**

- Mini-Bears – Macon                      \$ 65.00                      Boys Ages 5-7                      9 am – 11 am
- Junior Day Bears – Macon                      \$125.00                      Boys Ages 8-14                      9 am – 1 pm
- Mini-Bears – Warner Robins                      \$ 65.00                      Girls/Boys Ages 5-7                      9 am – 11 am
- Junior Day Bears - Warner Robins                      \$125.00                      Girls/Boys Ages 8-14                      9 am – 1 pm
- Senior Aged Player Camp - Macon                      \$ 85.00                      Boys Grades 9-12                      5 pm – 7:30 pm

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
School/Team \_\_\_\_\_  
Grade \_\_\_\_\_ Position (select one)  Field Player  Goalkeeper  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address (required for camp confirmation) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Emergency Contact Telephone \_\_\_\_\_  
T-Shirt Size:  
Youth Sm\_\_ Youth Lrg\_\_ Adult Sm\_\_ Adult Med\_\_ Adult Lrg\_\_ Adult XL\_\_  
Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Telephone \_\_\_\_\_  
Insurance Policy Holder's Name \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Policy No. \_\_\_\_\_  
Special Medical Needs \_\_\_\_\_

**Medical Release:** It is the responsibility of the campers' 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. This certifies that \_\_\_\_\_ has had a physical examination by a licensed physician in the past year and is free from any illnesses that would prevent him from participating in any activities at the Mercer Boys Soccer Academy. I understand that soccer is an active, physical sport and that injuries can take place during camp activities. I authorize any medical treatment that might be advised by physicians or trainers available to the Mercer Boys Soccer Academy while my son is present at camp.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Payment Procedures:** Each application must either be accompanied by a \$50.00 non-refundable deposit, or paid in full. The remaining balance is due the first day of camp, at registration.

Please print, fill out completely, and mail with personal check, money order, cashiers check, or travelers check, or cash payable to 'Mercer Boys Soccer Academy' along **with copy of insurance card** (front and back) to:

Brad Ruzzo  
Camp Director  
Head Men's Soccer Coach  
Mercer University  
1400 Coleman Avenue  
Macon, GA 31207

Total Amount Enclosed \$ \_\_\_\_\_

Once your application is received, we will email you a confirmation letter with more detailed information. Please call Brad Ruzzo at (478) 301-4011 or email him at [Ruzzo\\_BM@mercer.edu](mailto:Ruzzo_BM@mercer.edu) with any questions.