



# Norcross Soccer Academy

## Soccer/Swim Super Camp

### June 18 - 22, 2012

9:00 a.m. - 12:00 noon - \$99

9:00 a.m. - 3:00 p.m. - \$175

NSA Indoor Facility

**Registration Deadline - June 11**  
**Registrations received after deadline**  
**are subject to a \$30 late fee.**

Come join Norcross Soccer Academy for our Soccer and Swim Camp. The mornings will be filled with learning and playing soccer and the afternoons with swimming. The camp will begin at the NSA Indoor Facility and the swim portion will be held at the West Gwinnett Aquatic Center located at 4488 Peachtree Industrial Boulevard in Norcross 30071. All boys and girls ages 6-18 are invited to come out and enjoy this camp. The players will be separated by age groups. NSA Staff coaches will be running this camp. Players will need to pack a lunch and bring with them every day of the camp. Players will need to bring soccer cleats, shin guards and a soccer ball for the morning session. Players will need to bring a beach towel and a swim suit for the afternoon session.

***Players must be 7 to participate in the swim portion of this camp.***

Players Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Coach: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Player Insurance Company and ID#: \_\_\_\_\_

The undersigned Parent or Legal Guardian does hereby permit the Player listed above to participate in the Norcross Soccer Academy program listed above during the above listed dates, or any substituted dates. Furthermore, they agree to release, indemnify and hold harmless, the Norcross Soccer Academy, Inc., its Officers and Directors, Volunteers, Director and Coaches from any liability that may arise from any activities involving the player's participation in the aforementioned program. Players participate in the program at their own risk to injury and take full responsibility for their actions on and off the fields while at the program. In case of serious injury, the undersigned instructs program officials to administer first aid on the scene and to contact emergency medical assistance at the sole expense and responsibility of the Player and/or their Parent or Legal Guardian.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT:

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Checks Made Payable to Norcross Soccer Academy

Credit Card Payments will be charged a \$5 credit card fee.

VISA      MASTERCARD      DISCOVER

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Mail or drop off applications to:**  
**Norcross Soccer Academy - 4541 South Berkeley Lake Road, Norcross 30071**  
**Fax applications to: 770-840-8281**

### NSA Office Use Only

Received By \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_