



2024
RALPH LUNDY SOCCER ACADEMY
2305 Chadbury Lane
MT. Pleasant, SC 29466

- Please apply early. Many camps sold out in 2023
- PLEASE COMPLETE ALL INFORMATION ON BOTH PAGES.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone (w/ AC) _____ - _____ - _____ Current Grade _____

Age: _____ Birthday (MM/DD/YY): ____ / ____ / ____ Sex: Male Female

Is your team or group attending camp? YES NO

If YES, the name of your team is: _____

Please indicate: Field Player Goalkeeper Both

E-mail (REQUIRED) _____

NOTE: Our camps are open to any and all entrants (boys and girls), limited only by age and grade level.

PLEASE CHECK APPROPRIATE SESSION

Location		Half Day (9am-12pm)	Full Day (9am-3pm)
Emory Folmar YMCA Soccer Complex • Montgomery, AL			
June 10-14	Ages 8-17	<input type="checkbox"/> Half Day \$265	<input type="checkbox"/> Full Day \$370
First Baptist • Mount Pleasant, SC			
June 17-20	Ages 8-17	<input type="checkbox"/> Half Day \$240	<input type="checkbox"/> Full Day \$320
Knoxville Catholic High School • Knoxville, TN			
July 8-11	Ages 8-17	<input type="checkbox"/> Half Day \$265	<input type="checkbox"/> Full Day \$370
First Baptist • Mount Pleasant, SC			
July 15-18	Ages 8-17	<input type="checkbox"/> Half Day \$240	<input type="checkbox"/> Full Day \$320
Camden County Soccer Club • St. Mary's, GA			
July 22-25	Ages 8-17	<input type="checkbox"/> Half Day \$265	<input type="checkbox"/> Full Day \$370

If you pay by credit card, the full amount will be charged, and you will incur a processing fee as we use a

secure site for the transaction. **VISA** **MasterCard**

Credit Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____

Name on Card _____ CVV # _____

Please make checks payable to: **Ralph Lundy Soccer Academy**

FOR OFFICE USE ONLY

Deposit Received \$ _____ Date _____ Check # _____

Balance Received \$ _____ Date _____ Check # _____ Balance Due \$ _____



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Parental Consent Form

All areas of this form must be completed and signed by Parent/Guardian

Camper's Name Birth Date

Address City State Zip

Parent/Guardian Name Relationship

Allergic Reactions (drugs, food, asthma. . .) YES NO

If yes, list:

Taking any medication at this time? YES NO

If yes, list:

Special Needs? YES NO

If yes, list:

In Case of Emergency

Father's Name

Home Phone Work Phone Cell Phone

Mother's Name

Home Phone Work Phone Cell Phone

Emergency Contact Name

Home Phone Work Phone Cell Phone

All campers must have their own medical coverage. The Camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form is signed by the parent or guardian of the camper.

CAMPER'S INSURANCE CO. Group #

POLICY HOLDER POLICY #

RALPH LUNDY SOCCER ACADEMY RELEASE STATEMENT

I/We the undersigned hereby certify that I/we am/are the parent(s) or legal guardian(s) of the camper. I/We hereby give permission for the staff of the Camp to seek appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Ralph Lundy Soccer Academy and it staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Camp activities or while at Camp, whether or not damages, injury or loss is due to negligence.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp activities.

Parent/Guardian Signature

DATE