



WE DEVELOP PLAYERS

June 14 - 17, 2010

8:00 am - 11:00 am

Parkview Soccer Camp

Camp Details

Where:: GSA Soccer Complex, across the street from Parkview High School

Date: June 14-17, 2010

Time: 8 am - 11 am

Cost:: \$100 (includes camp ball and camp t-shirt)

Ages: Boys and Girls ages 5 -14 (upcoming K-9th grade)

Camp Directors

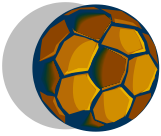
Judson Hamby

- Parkview Girls Coach/Assistant Boys Coach
- GSA Academy Staff
- 2010 NSCAA National High School Coach of the Year

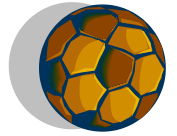
Michael Tolmich

- Parkview Boys Coach/Assistant Girls Coach
- 2004 Georgia Coach of the Year
- Bluesprings Youth Soccer Association Coach





Parkview Soccer Camp Application June 14—17, 2010



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Number: () _____

Male: _____ Female: _____ Date of Birth: _____

Age (5 – 14): _____ School: _____ Grade Fall '10: _____

T-Shirt Size (circle one): YS YM YL AS AM AL AXL

Camp Cost: \$100 (make check payable to “Parkview Soccer Camp”)
Mail application and check to Michael Tolmich 519 Bradford Park Lane Loganville, GA 30052

Medical Information

Guardians Name: _____ Relationship: _____

Allergic Reactions? _____ No _____ Yes Taking Medications? _____ No _____ Yes

If Yes to any above, please explain: _____

In Case of Emergency

Mother's Cell/Home Phone: _____ Work: _____

Father's Cell/Home Phone: _____ Work: _____

Other Contact: _____ Phone: _____

Insurance Co.: _____ Policy #: _____ Insured's Name: _____

I hereby authorize the directors of the **Parkview Soccer Camp** to act for me accordingly to their best judgment in case of an emergency requiring medical attention, and I hereby waive and release the **Parkview Soccer Camp** from any and all liability for any injuries incurred while at camp, or arising out of my traveling to or from the **Parkview Soccer Camp**.

X _____
 Signature of Parent or Guardian

(Application will not be processed without signature)