

# 2008 HOKIE SOCCER ACADEMY

## Individual Registration Form

**DIRECTIONS:**

Complete registration form, medical info, consent and rules forms. Mail forms with payment to:  
Hokie Soccer Academy, 204 Cassell Coliseum, Blacksburg, Va. 24061

First & Last Name: \_\_\_\_\_  
 Age \_\_\_\_\_ School Grade in Fall: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parent(s)' name(s): \_\_\_\_\_

A) Select Camp Session	2008 Dates	Ages	Resident	Commuter
_____ Day Camp I	June 16-20	5-10	n/a	\$100
_____ Day Camp II	August 4-8	5-10	n/a	\$100
_____ Academy Session I	June 22-25	10-18	\$425	\$365
_____ Academy Session II	July 19-22	10-18	\$425	\$365
_____ Academy Session III	July 23-26	10-18	\$425	\$365

**Early Bird Discount:**  
 \$20 off any Academy session (except DAY CAMP) if registered before May 1.  
**Team Discount:**  
 Teams of 15 or more receive a team check of \$400. Call for details: 540-231-7143

Note: - A Goalkeeper Academy and a Team Academy are part of every session.

B) **Check Academy status:**  
 \_\_\_\_\_ Resident status (stays in dorms)  
 \_\_\_\_\_ Commuter status (comes from 8 AM – 8 PM)

C) **Check field position(s):**  
 \_\_\_\_\_ Goalkeeper \_\_\_\_\_ Defender  
 \_\_\_\_\_ Midfielder \_\_\_\_\_ Forward

D) **Circle T-Shirt Size:**  
 YS YM YL S M L XL

E) **Request a Roommate: (only 2 persons per room!)**  
 \_\_\_\_\_

F) **If you are signing up as part of a group/team of 15 Players or more, write your group/team's name here?**  
 \_\_\_\_\_

G) **Small groups of 2-14 players can be placed on the same team. Write your friends' names here provided they are all of similar age:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mail form(s) to: **Hokie Soccer Academy**  
 204 Cassell Coliseum  
 Blacksburg, VA 24061, USA

**FOR OFFICE USE ONLY:**  
 DATE: \_\_\_\_\_ CHECK# \_\_\_\_\_ AMT: \_\_\_\_\_  
 DATE: \_\_\_\_\_ CHECK# \_\_\_\_\_ AMT: \_\_\_\_\_

### 4 Question Payment Calculation

1) Did you select a Camp Session?  
 If yes, **add** the amount here: \_\_\_\_\_

2) Is today May 1, 2008 or earlier?  
 If yes, **deduct** a \$20 discount here: -- \_\_\_\_\_

3) Do you want to order a camp ball?  
 If yes, **add** \$20 here: + \_\_\_\_\_

4) Do you need a Roanoke airport pickup?  
 If yes, **add** \$20 per one-way here: + \_\_\_\_\_

**Total your amount for camp here:** \_\_\_\_\_

- **Make checks payable to: Hokie Soccer Academy and mail to: Hokie Soccer Academy, 204 Cassell Coliseum, Blacksburg, Va. 24061**

- **You must pay in full unless you are registering before May 1. You may send a non-refundable deposit of \$150 before May 1.**

- **All balances are due by June 1. After June 1 only online registrations are accepted.**

- **Check here if you need a receipt: \_**

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## Supplemental Information

Mail completed form to:  
Hokie Soccer Academy, 204 Cassell Coliseum, Blacksburg, VA 24061

Print your name: \_\_\_\_\_ Your DOB: \_\_\_\_\_

Circle camp session you plan to attend:

June 16-20	Day Camp I
June 22-25	Academy I
July 19-22	Academy II
July 23-26	Academy III
August 4-8	Day Camp II

### Medical Information Section

Name of Ins. Co.: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_ (must be up to date!)

List all medical conditions: (i.e.: asthma, diabetes, allergies, injuries, etc.) \_\_\_\_\_

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List all medications participant is bringing to the Academy: (i.e.: inhaler, Tylenol, prescriptions, etc.)

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Will participant self-administer medication? \_\_\_\_\_

Any other special Instructions? \_\_\_\_\_

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**Turn over and complete Consent & Rules Form !**

# 2008 HOKIE SOCCER ACADEMY

## Consent Form & Rules Agreement

### STATEMENT OF CONSENT

I/We, the undersigned, hereby certify that I/We, am/are the parents or legal guardians of the participant on this form. I/We hereby give permission for the camp staff to seek, during the period of camp, appropriate medical attention for the participant, for the attention to be given to the participant, and for the participant to receive the medical attention and treatment including that which is not covered by the Academy's excess medical coverage policy and including the Academy's policies deductible.

I/We, the undersigned, understand that soccer is an active, physical sport and that injuries can occur. I/We assume all known and unknown risk of injury to my/our son. I/We also understand that there will be more participants than Academy staff at the Academy. I/We hereby acknowledge that my/our son is physically fit and mentally capable of participating in soccer and all Academy activities.

I/We, the undersigned, hereby acknowledge and understand the Hokie Soccer Academy is a privately run sports camp and is not operated by or through Virginia Tech. The camp is neither sponsored, controlled, nor supervised by Virginia Tech, but rather is under the sole sponsorship, control, and supervision of the Hasenpfeffer, Inc., t/a Hokie Soccer Academy.

I/We waive, release, and discharge the Hokie Soccer Academy, Oliver Weiss, Virginia Tech, and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns for any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation and Academy activities or while at the Academy.

My/our signature(s) indicate(s) that I/We have provided true information on application, medical, and consent forms and understand all statements on these forms.

Print Camper's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Date

### RULES AGREEMENT

By signing below you and your son acknowledge, understand, and agree to abide by the rules of the Academy. Violating these rules may result in immediate dismissal from the Academy without a refund.

1. Dangerous objects, weapons, drugs, or alcohol are not permitted.
2. Academy participants shall only be present in locations designated as Academy grounds such as designated soccer fields, dormitories, and on campus dining facilities.
3. Bullying, intimidation, or abusive behavior toward any person(s) is not permitted.
4. Visitors or friends of Academy participants are not permitted in the dormitories except with special permission from the Academy's directors.
5. No participants shall destroy property or engage in reckless behavior.
6. Academy participants shall follow the directions of Hokie Soccer Academy coaches and staff at all times.

I/we, the undersigned, hereby certify that we have read, understood, and agree to abide by the Academy's rules.

\_\_\_\_\_  
Signature(s) of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Date

Mail completed form to:  
Hokie Soccer Academy, 204 Cassell Coliseum, Blacksburg, VA 24061