

2008 HOKIE SOCCER ACADEMY

Team Registration Form

DIRECTIONS:

Call us at 540-231-7143 and reserve your spots over the phone, THEN complete team registration form. Mail form and deposit to:
Hokie Soccer Academy, 204 Cassell Coliseum, Blacksburg, VA 24061

Team Name: _____ Age group: U _____

Team Manager: _____

Address, City, St., Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

A) Select Camp Session	2008 Dates	Ages	Resident	Commuter
_____ Team Academy I	June 22-25	10-18	\$425	\$365
_____ Team Academy II	July 19-22	10-18	\$425	\$365
_____ Team Academy III	July 23-26	10-18	\$425	\$365

Early Bird Discount:
\$20 off any Academy session if registered before May 1. (Does not include Day Camp)
Team Discount:
Teams of 15 or more receive a team check of \$400. Call for details: 540-231-7143

Note: A Goalkeeper Academy is part of every session.

B) List of players' names:

List all the players who will be attending the camp. A min. of 15 is required to get a team discount in form of a team check! Players don't have to play on same year-round team. This can be a true camp team. However, all players must be play in same age group and have to be of similar age.

- | | |
|-------------|-----------|
| 1. GK _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |

C. Team deposit:

Attach **one check** for at least \$1500 (for 15 players) or more depending on how many players are on team. Make check out to: Hokie Soccer Academy. This will guarantee your team to have a spot in camp. You may finalize exact names up until two weeks before camp

D. Follow up procedure:

We will send you individual forms for each camper to complete. Have each individual return the forms with payment to you. You will mail them back to us in one envelope and complete the registration process. A \$400 check will be given to you at check-in of the camp.

If you have any questions, feel free to call or email us at: 540-231-7143 or oweiss@vt.edu.

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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