



**Soccer Alliance, LLC. & MLBTB  
Soccer Camp Application  
RVA Fields  
August 5 – 9 & August 19 – 23, 2024**

Thank you for your continued interest in the Soccer Alliance, LLC. summer soccer camps.  
You can also register online at [www.socceralliancenj.com](http://www.socceralliancenj.com).

**-Please Print Clearly-**

<b>Name</b>			
<b>DOB / Age / Gender</b>			
<b>Address</b>			
<b>Parent/Guardian Telephone</b>			
<b>Cell Number</b>			
<b>Email Address</b>			
<b>Emergency Number</b>			
<b>Allergies</b>			
<b>Immunization Record</b>	Please provide a copy of applicant's immunization history.		
<b>Most Current Physical Date</b>			
<b>Need To Know Information About The Participant</b>			

**I wish to enroll for the following camp program:**

- ( ) August 5 – 9      ( ) August 19 – 23  
 ( ) **Kindergarten Camp 9:00AM – 10:30AM**    ( ) **Junior Camp 9:00AM – 1:00PM**    ( ) **All-Star Camp 9:00AM – 1:00PM**

<b>Kindergarten Camp (9:00AM – 10:30AM)</b>	<b>5 – 7 year old</b>	<b>\$ 120.00 (\$210.00 for both weeks)</b>
<b>Junior Camp (9:00AM – 1:00PM)</b>	<b>8 – 11 year old</b>	<b>\$ 170.00 (\$320.00 for both weeks)</b>
<b>All-Star Camp (9:00AM – 1:00PM)</b>	<b>12 – 14 year old</b>	<b>\$ 170.00 (\$320.00 for both weeks)</b>

Check payable to: Soccer Alliance, LLC

My child is in good health and has my permission to participate in all activities. I hereby give the camp permission to render such medical and hospital care as, in their judgment, may seem advisable for my child in the event of an emergency. I grant these same persons permission to obtain specialists and I agree to bear the full cost of such procedures. I also grant the camp permission to use my child's name, picture or likeness in promotion of the camp in printed media or other form of advertisement. I fully renounce any and all claims upon the camps for reimbursement for use of this material.

Signature of Parent/Guardian

\_\_\_\_\_