

Futbol24 Soccer Academy Preseason Camps



For more information

Call: 267-249-0677

www.futbol24socceracademy.com

Summer Preseason Conditioning Camp

	Age	Dates	Times	Cost
2106 Fall Preseason Camp	U12-14 U15-17	Wk 1: (Mon-Wed-Fri) Aug 1st, 3rd, 5th	10am -12pm	\$120
2106 Fall Preseason Camp	U12-14 U15-17	Wk 2: (Mon-Wed-Fri) Aug 8th, 10th, 12th	10am -12pm	\$120

Camp Location: 1159 Horsham Rd. Ambler PA 19002

Mail-In Registration Form

Age Groups U12-14 U15-17

Wk 1: (Aug 1st, 3rd, 5th) \$120 ___ Age Group: U12-14 ___ Age Group: U15-17 ___

Wk 2: (Aug 8th, 10th, 12th) \$120 ___ Age Group: U12-14 ___ Age Group: U15-17 ___

TOTAL AMOUNT ENCLOSED: \$ _____ Checks Payable to: Futbol24 LLC

Please read carefully and sign the following Registration-Understandin/Waiver. In consideration for participating in any wayin Futbol24LLC, Paul Horozoglou/Training Sessions and programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named participant during or in connection with Futbol24LLC, Paul Horozoglou or his staff while participating in any and all training sessions, camps, clinics and programs. I acknowledge that Futbol24LLC, Paul Horozoglou, I/they will participate in activites that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive , give up and release Futbol24LLC, Paul Horozoglou and his staff, from all liability for any cliam for damages which I/the aboved named and participant named may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above participant is in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above participant requires medical care, I give Futbol24LLC, Paul Horozoglou and or his staff the authority to seek emergency medical treatment/assistance if needed. Futbol24LLC, Paul Horozoglou and or his staff is not responsible for my personal belongings which are lost, stolen or damaged. I agree to have all fees paid in full before the first session. Futbol24LLC, Paul Horozoglou reserves the right to cancel or change any scheduled events.

REFUND POLICY: If a participant cannot attend camp and or any session for any reason, the amount paid MINUS 35% will become a camp credit for another sessions with-in the same calender year or for the next following year. ABSOLUTELY NO CASH REFUNDS for any reason.

Print Name: _____

Signature: _____

*Please supply a copy of your medical insurance card and information in case of an emergency.

Participant's Information

Name: _____

Date of Birth: ___/___/___ Age: ___ F ___ M ___

Parent's/Guardian's Information

Name: _____

Address: _____

Phone # (Home) _____

Phone # (Cell) _____

City: _____ State: _____ Zip: _____

Email Address: _____

For Additional info visit our website
www.Futbol24SoccerAcademy.com

Please cut registration form and mail to:

**Futbol24 Soccer Academy
653 Holland Road
Holland PA 18966**

