



**2018 SHOOTING CAMP**  
**VETERANS MEMORIAL PARK - MORICHES**  
 July 23-25 6-8pm  
 Travel U9 & Up

<b>Pre-Registration Cost: \$100 Cost At Field: \$110 Sibling Discount \$10 NO EXCEPTIONS</b> <b>PRE-REGISTRATION DATE: July 20th</b>
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**Name:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Sex:** M / F

**DOB:** \_\_\_\_\_

**Consent Form:**

The law requires that parental permission be obtained so that urgent medical attention can be administered to minors. The consent below must be signed by parents/guardians. I hereby give the above applicant permission to attend Smithtown Kickers Camp. I verify to the best of my knowledge that the child is physically able to participate in the activities of the camp. I agree to allow my child to be treated, if necessary by a physician and/or trainer while attending. I understand that soccer is a contact sport and that physical injury may occur during the course of training, practice and games. I also understand Tom Lips is not responsible for damage and or loss of personal items.

**Please list any health concerns here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature or Player (over 18)** \_\_\_\_\_

<b>No refunds will be given once clinic is in progress!! THERE WILL BE NO PRO-RATING; No refunds or credits given for cancellations and/or date changes due to inclement weather.</b> <b>ANY RETURNED CHECK IS SUBJECT TO \$25 PENALTY</b>
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**Contact:** \_\_\_\_\_

**Second Emergency Contact:** \_\_\_\_\_

**Parent Cell #(s):** \_\_\_\_\_

**Please Make Checks Payable to: Smithtown Kickers**

**Mail Registration & Check to:**  
**Smithtown Kickers**  
**28 Borrell Court**  
**St. James NY 11780**  
**www.lips-soccer.com**