



## 2009 Orlando Sharks Camp Registration

**Camper Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Sex**     Male  Female                      **Position**     Forward  Midfielder  Defender  
**T-Shirt Size**  YS  YM  YL  AS  AM  AL  AXL  
**Parents/Guardians** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **Cell Phone 2** \_\_\_\_\_  
**E-mail** \_\_\_\_\_  
**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

<u>Location</u>	<u>Dates</u>	<u>Times</u>
St. Luke's School (Oviedo)	<input type="checkbox"/> June 1-5	9a.m.-12p.m.
	<input type="checkbox"/> June 29- July 3	9a.m.-12p.m.
RD Keene Park (Windermere)	<input type="checkbox"/> June 8- 12	9a.m.-12p.m.
	<input type="checkbox"/> June 22-26	9a.m.-12p.m.
Hancock Park (Clermont)	<input type="checkbox"/> June 15-19	9a.m.-12p.m.
	<input type="checkbox"/> July 13-17	9a.m.-12p.m.
Austin Tindall (Kissimmee)	<input type="checkbox"/> July 6-10	9a.m.-12p.m.
	<input type="checkbox"/> July 20-24	9a.m.-12p.m.
Central Winds Park (Winter Springs)	<input type="checkbox"/> August 7-11	9a.m.-12p.m.

### Select a Program

- Pups Training Program  
 Ages 4-7            \$140/week  
 Developmental Training Program  
 Ages 8-11        \$150/week  
 Advanced Training Program  
 Ages 12+         \$160/week

### Extras

- Early Drop-Off (1 hr. before camp)  
 \$20/week  
 Late Pick-Up (1 hr. after camp)  
 \$20/week  
 Both Early and Late  
 \$30/week

### Available Discounts

- Early Registration    **\$25**  
 Registration & payment by 5/25/09  
 Team Discount        **\$15 each**  
 A Team is 10 or more players  
 Family Plan            **\$10 each**  
 Two or more related children

### Total (+/- extras/discounts)

\$ \_\_\_\_\_.



**Please mail camp registration and payment to  
Orlando Sharks**

5200 Vineland Road, Suite 100 ♦ Orlando, Florida 32811  
 Phone (407) 403-6300 ♦ Fax (407) 403-6020  
 A Division of BVC Sports & Entertainment

**Payment Options**

Credit Card  Visa  MasterCard  Discover  American Express

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Security Code/CCI # (Last three digits on the back of the credit card) \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address (if different then above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount to Charge \$ \_\_\_\_\_

**Please make checks and money orders payable to Orlando Sharks and mail to:**

**Orlando Sharks  
ATTN: Camps  
5200 Vineland Road, Suite 100  
Orlando, FL 32811**

The WAIVER AND RELEASE shall be governed by the laws of the State of Florida. The State of Florida shall have the exclusive jurisdiction and the courts of Orange County, Florida shall have exclusive venue for any action arising from this WAIVER AND RELEASE of any provision hereof. Before registering and participating in this event, each player and his/her parent or guardian (if the player is under 18 years of age) must read this waiver. By signing this waiver the player and or his/her parent agrees to the terms contained in this waiver. By signing this WAIVER AND RELEASE it is specifically ACKNOWLEDGED that the following provisions are INCLUDED IN ITS TERMS (I) A WAIVER AND RELEASE OF LIABILITY FOR ANY AND ALL PERSONAL INJURIES AND DAMAGE TO OR LOSS OF PERSONAL PROPERTY SUFFERED BY THE PARTICIPANT AND (II) PERMISSION TO USE PARTICIPANTS LIKENESS OR PHOTO. VOLUNTARY WAIVER AND RELEASE. There are risks connected with my participation in this event and its related activities. Injury to my person or damage to or loss of my personal property is a possibility. I acknowledge this possibility and risk and I VOLUNTARY RELEASE AND DISCHARGE Orlando Sharks, LLC, event sponsors, event charities, event volunteers, owners and lessees or the event premises, and each of their respective predecessors, successors, affiliates, officers, directors, employees and agents (collectively known as "Event Organizers") from any and all actions, suits, demands and claims of whatever nature in law or in equity from and injuries suffered by e while participating in this even or its related activities and further from the loss or damage to personal property by theft, negligence or otherwise. This RELEASE specifically includes, without limitation, and negligence by any of the Event Organizers in connection with personal injuries or property loss or damage. PERMISSION TO USE PHOTO. I HEREBY GRANT FULL PERMISSION for Event Organizers to record and or all of my participation in this even for photos, motion pictures, TV, radio, recordings, videotapes and other media known and unknown, and to use them, no matter by whom taken, in any manner for publicity, promotion, advertising trade or commercial purposes without any reimbursements of any kind due to me, or the need to pay me any fee.

**Participants Name:** \_\_\_\_\_

(Please Print)

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Parent/Legal Guardian**

(If under 18)

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

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