



# FOTOP SOCCER CAMPS

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Check session(s) attending and total amount:

- |   |  |
|---|--|
| <input type="checkbox"/> Danielle's Weekend (\$150) | <input type="checkbox"/> FSC Session I (\$125)   |
| <input type="checkbox"/> FSC Session II (\$125)     | <input type="checkbox"/> FSC Session III (\$125) |
| <input type="checkbox"/> College Week (\$225)       |  |

Total Amount: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Who picks up if different than parent? \_\_\_\_\_

## Make checks payable to Fotop, LLC

I understand the cost of Fotop Soccer Camp and that the balance is due before camp starts, or you can sign up the day of camp. To the best of my knowledge, my child is in good health and able to compete in the activities. I hereby authorize the staff at Fotop Soccer Camps to act for me according to their best judgment in any medical emergencies and I hereby waive and release persons from any liability or illness incurred while attending the Fotop Soccer Camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Please Mail to:**  
Fotop Soccer Camp  
23902 Hastings Way  
Land O'Lakes, FL 34639