

Greater Experience Soccer Academy

2007 Day Camps

Greater Experience Soccer Academy would like to extend an invitation to you and your team to join us this summer for one of our Day and Evening camps.

Day and Evening Camps



Please check out the GESA website for camp locations and dates. If your team or club is interested in hosting a day or evening camp please contact us.

All camps are for ages 3 and up
Players will be broken into ability and age.

All Teams Coached by USSF and NSCAA Licensed Coaches

Team Rate for 6 or more players

*Bring your team or sign up as an individual player to get high-level training in team tactic as well as better technique. **Each Camp offers Top Level Goal Keeper Training***

Day and Evening camps
\$120 individual

\$ 100 team rate/Players 5 and under
If you have 2 players in your family contact us for a discounted rate (Even if they are attending different weeks).

Players may register as individuals or as a team.

***Goal Keeper training will also be available on most sites. If interested please inquire. The Cost for Goal Keeper training is \$100 per child.**

For more info on all of our Day and Evening camps and all other programs

Go to:

www.GreaterExperienceSoccerAcademy.com

Email:

Campinfo@GreaterExperienceSoccerAcademy.com

Name _____
Gender _____ Age _____
Address _____
City _____ State _____ Zip _____
D-O-B _____ Grade Completed _____
Parent / Guardian _____
Email: _____
Phones: w) _____
c) _____
h) _____

Camp Sessions: Circle all sessions that camper is attending:

Day or Evening Camp:
Location _____
Date: _____

T-Shirt Size (circle one) S M L XL XXL
A \$120.00 payment is required.
Please sign waiver on this application.

Please make checks payable to:
Greater Experience Soccer Academy
Return to: Greater Experience Soccer Academy
5333 Ed Prout Rd
Lothian Md. 20711
Phone number: 410.353.2569
Website: www.GreaterExperienceSoccerAcademy.com

**Enrollment can only be secured by sending an application and payment together AS SOON AS POSSIBLE. Space is limited. Please submit a different application for each camper attending.

Official use only

Deposit Received Date _____
Balance Received Date _____

Waiver Statements Medical Coverage

All campers must have their own medical coverage. The Camp provides only excess coverage after your insurance policy has been utilized.

Statement of Disclaimer

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek during the period of the Camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical policy. I/We, the undersigned, hereby acknowledge and understand that the Greater Experience Soccer Academy is a privately run sports camp.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waiver and release and forever discharge Greater Experience Soccer Academy and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Camp activities or while at Camp.

Signature (Parent or Guardian) :

Date: _____