

SUMMER
2019



SUMMER CAMP

CAMP DATES

JUNE 17 - 21
JUNE 24 - 28
*JULY 1 - 5 (NO CAMP 7/4)
JULY 8 - 12
JULY 15 - 19
JULY 22 - 26
JULY 29 - AUGUST 2
AUGUST 5 - 9
AUGUST 12 - 16

TIMES

9am - 3pm (Full Day)
9am - 12pm (Half Day)

\$235 FULL DAY / \$145 HALF DAY

*\$200 FULL DAY / \$120 HALF DAY

EXTENDED CARE AVAILABLE BY REQUEST:

Before-care: 8:00am-9:00am
After-care: 3:00pm-6:00pm
\$10 per child per hour

Open to Boys & Girls 5-14

CAMP FEATURES

- Held at the Maryland SoccerPlex
- Players grouped by age and/or ability
- Excellent player/coach ratio
- Learn & work on soccer skills while having fun!

WHAT TO BRING

- Water
- Soccer ball
- Cleats & Sneakers
- Shin guards
- Sunscreen
- Lunch/snack

THE DISCOVERY SPORTS
CENTER CAFE WILL BE
OPEN FOR LUNCH!



MDSoccerPlex
SAMSoccer06

Maryland SoccerPlex • 18031 Central Park Circle, Boyds, MD 20841

Call 301-528-1480 • Visit www.samsoccer.org

SAM Soccer Camp 2019

Mail to: Discovery Sports Center, 18031 Central Park Circle, Boyds, MD 20841 or Fax to: 301-540-4276

Camp Week: (Circle all that apply)

June 17 - 21

June 24 - 28

*July 1 - 5

Session (Circle Session Please) Full Day / Half Day

July 8 - 12

July 15 - 19

July 22 - 26

July 29 - August 2

August 5 - 9

August 12 - 16

Camper Information:

Name: _____ Shirt Size (Circle One): YS YM YL YXL AS AM AL AXL
Date of Birth: _____ Gender: (Circle) Female Male
School Attending in Fall: _____ Grade: _____
Parent's/Guardian's Name: _____ Best Contact Number: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Email (required): _____
Emergency Contact: _____ Relation: _____ Phone Number: _____

Extended Care: (\$10/child/hour) 8-9am: _____ 3-4pm: _____ 3-5pm: _____ 3-6pm: _____ Dates Needed: _____

Note: Add additional \$5 for every 15 minutes after 6pm.

Payment Information: \$235 Full Day, \$145 Half Day / *\$200 Full Day, \$120 Half Day (7/1-7/5)

Payment includes all appropriate fees, taxes and a \$50 non-refundable administrative fee.

Credit Card: (Circle) Visa MasterCard Discover Card #: _____
Amt: _____ Exp: _____ V-Code: _____ Zip Code: _____
Signature of Card Holder: _____

Check: (Make payable to **SAM Soccer**) Check #: _____ Amt: _____

Cash: Please make cash payments in person.

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child).
As lawful consideration for my minor child being permitted to participate in the Discovery Sports Center Indoor League, Program Camp, Clinic or any other activity. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, program operators, building contractors, suppliers, employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Signature: _____ Date: _____

Print Name: _____

Would you like to receive text messages from the Maryland SoccerPlex and/or SAM Soccer?

Yes or No