

INDIVIDUAL/TEAM CAMP

- JULY 12-16 Individual Player \$270
- JULY 12-16 Team Camp \$240
- JULY 12-16 Goalkeeper Camp \$270

MICRO CAMP

- JULY 19-23 \$175
- JULY 26-30 \$175
- AUGUST 2-6 \$175



PRE-SEASON

GOALKEEPER CAMP

- AUGUST 9-13 \$205

Name _____

Team Name (if applicable) _____

Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Contact _____

Emergency Phone _____

E-mail Address _____

Have you attended this camp? Yes No

School/Club _____

Coach _____ Phone _____

Insurance and Liability Waiver

As the parent or guardian of the registered child, I hereby give my approval to his/her participation at the New Jersey Select Soccer Camp. I understand that primary insurance coverage is my responsibility through my own insurance plan except for that covered by the camp's excess medical coverage policy. In case of injury to my child, I agree to waive all claims resulting from or in connection with the New Jersey Select Soccer Camp, any sponsors or sites.

Parent or guardian _____ Date _____

Make checks payable to: The Atlantic Club - Soccer Camp

Mail checks and application to: The Atlantic Club, Attn: Ed McCrae
1904 Atlantic Avenue, Manasquan, NJ 08736.

OFFICIAL USE ONLY

Amount received _____

Reply _____

Date _____

Amount due _____

PLEASE DUPLICATE THIS FORM IF NECESSARY