



FUTURE STARS Soccer Academy

CELEBRATING EXCELLENCE SINCE 2001

Manual Registration Form

Mail or Scan and email this registration form with payment and consent form

Future Stars Soccer Academy, Inc.

Camp Locations Oglethorpe University, 4484 Peachtree Rd NE, Atlanta, GA

www.FSSoccerCamps.com

Tax ID # 05-0555940

Please check off your camp week(s)

June 3-7, 2024 @ Oglethorpe University

Week 1 Half-Day Camp Ages 4-6 \$245.00 9am-11:45am

Week 1 Full-Day Camp Ages 6-18 \$365.00 9am-3:00pm

June 10-14, 2024 @ Oglethorpe University

Week 2 Half-Day Camp Ages 4-6 \$245.00 9am-11:45am

Week 2 Full-Day Camp Ages 6-18 \$365.00 9am-3:00pm

June 17-21, 2024 @ Oglethorpe University

Week 3 Half-Day Camp Ages 4-6 \$245.00 9am-11:45am

Week 3 Full-Day Camp Ages 6-18 \$365.00 9am-3:00pm

July 8-12, 2024 @ Oglethorpe University

Week 4 Half-Day Camp Ages 4-6 \$245.00 9am-11:45am

Week 4 Full-Day Camp Ages 6-18 \$365.00 9am-3:00pm

July 15-19, 2024 @ Oglethorpe University

Week 5 Half-Day Camp Ages 4-6 \$245.00 9am-11:45am

Week 5 Full-Day Camp Ages 6-18 \$365.00 9am-3:00pm

Pre- and Post-Camp Care (price for entire week, no proration available)

Pre-Camp Care drop off 8:00am (half- and full-day campers)

Post-Camp Care pick up at 4:00pm (full-day campers only)

All-Day Care drop off 8:00am / pick up at 4:00pm (full-day campers only)

Please check off your camp group

Half Day Minions ages 4-6

Mini Pro ages 6-9

Junior-Pro ages 10-13

Senior-Pro ages 14+

Whole Teams (email first)

Please print CLEARLY

Players' Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Email One: _____ Email Two: _____

Email Three: _____ Email Four: _____

Home Phone: _____ Phone 2: _____ Phone 3: _____

Age (At the time of camp): _____ Date of Birth: _____ School: _____ Gender: Male or Female

Position: Field Player Goalkeeper Jersey Size: _____

Team name: _____ Playing Level (e.g., Classic, Challenge, Athena, Rec): _____

How did you hear about us? _____ What School do you attend? _____

Please complete one registration form for each player. Send payment or \$250 deposit for each week of camp to reserve your child's spot. (\$150 deposit for half day.)

Payment Information

Payment (or deposit) amount: US \$ _____ Check | **Credit Card:** Visa MasterCard Discover AmEx

Cardholder Name: _____ (As it appears on credit card)

Credit Card Number: _____ Expiration Date: _____

Validation CVV: _____

Cardholder Address (if different from player) _____

Your credit card will be charged to hold your spot the day you sign-up. The balance will be two weeks prior to camp.

I agree to the above terms. Signed: _____ Date: _____

Did you know?

- Lunch is catered Monday - Thursday for all full-day campers. They are seated in an air-conditioned building to eat and rest before next session.
- Payment plans are available for all camps. Your card is automatically charged the day you sign up, and the balance will be charged two weeks prior to camp.
- If bad weather is in the area, campers will be taken to the campus gym.
- Communication to our campers will be through email. Please be sure to add all the email accounts you would like notified.
- You now can register online at www.FSSoccerCamps.com.

Questions / Help Line: (678) 664-9604 • Info@FSSoccerCamps.com



FUTURE STARS Soccer Academy

CELEBRATING EXCELLENCE SINCE 2001

Consent Manual Registration Form

Mail / Fax / Scan this registration form with payment and consent form

Future Stars Soccer Academy, Inc.

Camp Locations St. Martin's Episcopal School & Atlanta International School

www.FSSoccerCamps.com

Please print CLEARLY

Players' Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Age (at the time of camp): _____ Date of Birth: _____ Gender: Male or Female

Any medical concerns the coach needs to know? _____

Do you have any food allergies? If so, please provide details: _____

Insurance Company _____ Policy Holder _____ Policy Number _____

Player's Doctor _____ Doctor's Phone Number _____

Medical Release

I the Parent/Guardian hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below. In case I cannot be reached, any of the following persons is designated to act on my behalf: · Any Academy representative or camp representative where my child is playing, participating in a tournament, or attending a clinic or camp; or · My child's physician or a one selected by the Academy to hospitalize or secure medical.

Liability

I assume all risk of loss or property or injury to the person, including injuries resulting in death caused by or incidental to dangers associated with soccer activities and agree that there are certain inherent dangers related to soccer participation and therefore agree to indemnify, hold harmless and, upon the reasonable request of Academy, to defend Future Stars Soccer Academy, Inc, and its employees, directors, officers, agents, and volunteers from and against all loss, liability, damages, claims, or expenses, including reasonable attorneys' fees, arising out of claims or suits for damage or injury to persons or property in connection with, in whole or in part, for any injury which might be considered a normal risk associated with participation in or attendance at any soccer activity. This section also pertains to COVID-19.

Release Photo Comments

I give Future Stars Soccer Academy permission to use content (e.g., photography, video, film, oral and written evaluations or feedback) and other identifying information contained within (e.g., names, images, and comments of self, spouse, and child), in whole or in part, in marketing activities relating to the promotion of the Academy. Academy may record by any means including, without limitation, electronic recording, film, videotape, audiotape, and/or photography. Academy will own all copyrights and grants parent/guardian a license to use the content. However, both parties agree to stop using the content within sixty days upon written request from the other. Academy will have the right to use, reference and display as follows: (i) by publication on Academy's websites; (ii) by publication in any and all media now or hereafter known, including, without limitation, television, cable, satellite transmission, film, videotapes, motion pictures, audio recordings, photographs, print publications, merchandising, the Internet and World Wide Web; (iii) in printed and videotaped copies distributed to Academy employees prospects, and customers or distributed at Academy-sponsored or co-sponsored events; (iv) in excerpts included in speeches, slides, brochures and other marketing collateral materials; and (v) as reference when communicating with prospective customers, the press and the general public. I agree to release the Academy and its contractors, agents, and employees, from any claims, so long as such use is in accordance with the rights granted under this release.

Lunch Details

Full-Day campers are provided a catered healthy lunch Monday - Thursday. The campers will eat in an air-conditioned room during lunchtime. Half-Day Campers are to bring their own snack. Water will be available for all campers.

No Refund Policy

Future Stars Soccer Academy, Inc. follows a NO REFUND policy. Paid fees may, however, be credited to a future camp.

Guardian Signature: _____ Date: _____

Questions / Help Line: (678) 664-9604 • Info@FSSoccerCamps.com

WAIVER & RELEASE FORM**ASSUMPTION AND ACKNOWLEDGEMENT OF RISK**

I acknowledge, agree, and represent that I understand the physical nature of athletic activities engaged in during the summer camp and that my Minor Child is qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that these activities entail known, unknown and unanticipated risks, seen and unseen, which could result in physical or emotional injury, paralysis, death, and damage to property or third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the sport. I understand that Future Stars Soccer Academy and Oglethorpe University assume no responsibility for any injury to my Minor Child resulting from his/her participation in camp activities, and I agree to assume all risk and bear full responsibility for any injury or damage my Minor Child may suffer while participating in such activities. My Minor Child has no physical or mental limitations which would preclude his/her safe use of sports related equipment, exercise equipment and/or I assume all risks that may be created by such limitations. I understand that Future Stars Soccer Academy has the right, but not the duty, to take whatever actions it deems necessary with regard to the health and safety of my Minor Child without limitation, obtaining medical treatment on their behalf and transporting them for medical treatment or other emergency reasons, at my expense.

FACILITY RULES

My Minor Child will comply with all camp rules, both written and as stated to him/her during his/her participation. My Minor Child will obey the camps staff in regards to those rules as they affect his/her safety, other participants and observers, the property of Oglethorpe University, and all resources used in conjunction with the camp.

PROTECTIVE EQUIPMENT

I am aware of the recommend protective equipment for participation in the sport, and understand it is my Minor Child's responsibility to provide and use protective equipment according to the manufacturer's specifications while participating in camp activities. Should my Minor Child choose to participate in camp activities without protective equipment, I assume all risks associated with that decision.

RELEASE, INDEMNIFICATION AND PROMISE NOT TO SUE

I hereby indemnify, hold harmless and release Future Stars Soccer Academy, and Oglethorpe University, its shareholders, directors, officials, representatives, agents and employees from any and all loss, claims, damage, or liability which might arise out of my Minor Child's participation in the camp.

I have read this Waiver and Release, understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law on behalf of myself and my Minor Child. I further certify that

I am legally competent to understand and enter into this Waiver and Release for and on behalf of my Minor Child. I am assuming the hazard of this risk because my Minor Child wishes to participate in the camp. The risks outlined herein are not exhaustive and I acknowledge that there may be other risks, hazards, and dangers that, based on the circumstances, are integral to athletic activities. I am further aware and acknowledge that the program is exempt and not licensed through the Georgia Department of Early Care and Learning (DECAL).

Printed Name of Minor Child _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____