

# SPIPLEX MARCH BREAK SOCCER CAMP

Camp Location: SPIPLEX, 7939 Highway #7, RR# 2, Peterborough, ON. K9J 6X3 705-755-0432 email: info@spiplex.com

## March 12-16, 2012

**Camp Director: Stan Bombino, Nationally Licensed Coach**  
Developing soccer skills in a fun learning environment!

All campers receive a T-shirt!

OSA certified coaches!

**Future Stars Mini Camp: Ages 5-7.**

**9am-12pm**

\$100 if paid by Feb 19/12.

\$125 after Feb 19/12

20 Spaces Max

**Superstars Soccer Camp: Ages 8-15.**

**9am-4pm**

\$150 if paid by Feb 19/12.

\$175 after Feb 19/12

40 Spaces Max

Drop off: 8:30-9:00 am

Space is limited!

# SPIPLEX SOCCER CAMP REGISTRATION

## PLAYERS INFORMATION:

Player's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ D.O.B (YY/MM/DD) \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Please Circle one of the following: Camp: Future Stars \_\_\_\_\_ Superstars \_\_\_\_\_

Shirt Size: Adult S M L XL Youth S M L XL

Playing Experience: None HL Rep.

Medical Conditions: \_\_\_\_\_

## MAKE CHEQUE PAYABLE TO: **SPI**

(Registration forms are also accepted at Soccer Plus International, 203 Simcoe St Unit #5, Peterborough, ON K9H 2H6)

## PARENT CONSENT:

### Part A – RELEASE OF WAIVER FROM LIABILITY

The undersigned expressly acknowledges that sports and similar activities involve risk of physical injury greater than those encountered in daily life, and by participating in sports and other activities; participants acknowledge and assume the risk inherent therein. SPIPLEX and SPI Sports Management accept no responsibility, and shall not be liable, for any injury, illness, death, damage, loss, accident, expense, delay, or other irregularity resulting from participation in any activity or use of any of the facilities at SPIPLEX. In consideration of being permitted to enter and use the facilities at SPIPLEX, the undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE SPIPLEX, its officers, directors, employees, agents, servants and/or assigns for any and all damage, and any claim or demand.

### Part B – DECLARATION OF PARENT OR GUARDIAN

I consent to my child named above participating in the SPIPLEX activities and I assume all risks arising from or in ANY way related to such participation. I therefore agree to waive any and all claims against, to indemnify and hold harmless SPI Sports Management Corporation and SPIPLEX its officers, directors, employees, agents, servants and/or assigns in connection with any claims made by or on the behalf of my child named above including legal costs. I certify that my child is in good physical and mental health. In case of a medical emergency, if I cannot be contacted directly, I hereby give permission to the physician selected by SPIPLEX to hospitalize, secure proper treatment for, and to order injections, transfusions, anesthesia, or surgery for my child, as named above. I acknowledge reading this Declaration and Part A and understand the conditions contained herein and agree to abide by all of the terms.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

Lions SPIPLEX, 7939 Highway #7, RR#2, Peterborough, ON, K9J 6X3 (705) 755-0432

email: [info@spiplex.com](mailto:info@spiplex.com)