



# Pro Player Camp

Cost: \$150

Please complete and mail with a check made payable to "PTCYSA" to the following address:

PTCYSA

PO Box 2403

Peachtree City, GA 30269

Player Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Olympic Development Program Experience (please circle):      State Pool      Region Pool

Current Club: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

**Liability Waiver:** I certify that my child(ren) is medically qualified and able to attend soccer camp. I hereby authorize PTCYSA staff to act for me according to their best judgement in securing treatment for my child in any emergency requiring medical care and guarantee that my medical insurance or I will be responsible for any financial charges. I waive and release PTCYSA and staff from all liability for any injuries and/or illness incurred while at camp.

**Parent or Legal Guardian Signature:** \_\_\_\_\_

What do you hope to achieve in the game of soccer (your goals)?

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