



KINGSBURY COUNTRY DAY  
SCHOOL HOSTS:



# Detroit Rockers Soccer

Soccer camp for boys and girls ages 4-14

## June 15-19 2009

Our qualified staff, consisting of Professional and College Players, are eager to share their knowledge of the game with a new generation of soccer players, making soccer fun and challenging, while instilling a love for the game. Our camps are designed for Boys and Girls of all skill levels from ages 4-14. Players will learn how to develop individual techniques and team strategy. Campers receive a Soccer Ball and a Rockers Soccer T-Shirt.



### Important Information:

Dates: June 15-19, 2009 9:30 am - 12:00 pm

Where: Kingsbury Country Day School

5000 Hosner Road, Oxford, MI 48370 (see map)

Camp Fee: \$140

\$10 discount for additional family members

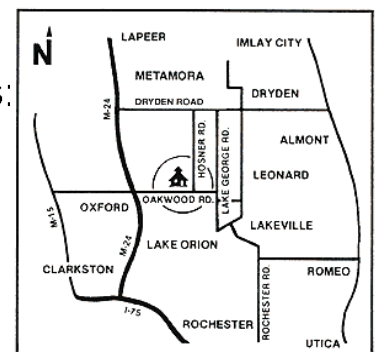
What To Bring: water bottle and snack. Wear athletic clothing, outdoor soccer shoes or athletic shoes, and shin guards.

Please contact me with any questions:

Kathy Coyne, Camp Administrator

248-229-2372 Cell phone

[rockerssoccer@sbcglobal.net](mailto:rockerssoccer@sbcglobal.net)



**ROCKERS SOCCER SUMMER CAMP**  
**AT KINGSBURY COUNTRY DAY SCHOOL**  
**2009 REGISTRATION**

**REGISTRATION INSTRUCTIONS:**

- 1- Complete the form below.
- 2- Enclose full payment. (Checks should be made payable to **Detroit Rockers**)
- 3- Mail to: Rockers Soccer, 17387 Francavilla Dr. Livonia, MI 48152
- 4- Registrations need to be received by Monday, June 8, 2009

**Participant Information**

Camp Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Additional Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

T-Shirt Size: (circle one)      youth LG      SM      M      LG

**Billing Information**

\$140 per camper (\$10 discount for additional family members)

Make checks payable to: **Detroit Rockers**

**GRAND TOTAL:**    \$ \_\_\_\_\_

**There is a \$20.00 cancellation fee. Cancellations are accepted up to 14 days prior to camp.**

**Parent/Guardian Information**

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that a non-life threatening injury occurs, do you have a hospital preference?

**Please list any medical conditions of which the camp staff should be made aware:**

**Waiver:** I understand that I am placing my child in a program that involves a risk of physical injury. I understand that I cannot hold the Rockers Soccer Company, it's staff and the host facility responsible for such injuries. I acknowledge that I have made the Rockers Soccer staff aware of any known conditions which may increase the risk of physical injury. I acknowledge that I have made the Rockers Soccer staff aware of all conditions which may affect the treatment of my child in the case of an emergency. In the event of an emergency, I give my permission for the Rockers Soccer staff and/or the staff of the host facility to administer the necessary first aid. I also understand that I cannot hold the Rockers Soccer Company responsible for lost, damaged or stolen items. I also understand that my child may be dismissed from camp, with no refund, in the event he or she is disruptive or unsportsmanlike.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_